

Central Washington Catholic Engaged Encounter

(Registration Form for weekends at Lazy F Camp & Retreat Center)

Man's Information:

Name: _____
(First) (Last)

Address: _____
(Street) (City) (State) (Zip Code)

Age: _____ Religion: _____

Home Phone: _____ Cell Phone: _____

E-mail Address: _____

Woman's Information:

Name: _____
(First) (Last)

Address: _____
(Street) (City) (State) (Zip Code)

Age: _____ Religion: _____

Home Phone: _____ Cell Phone: _____

E-mail Address: _____

We can be contacted after the wedding at: _____

Church where you will be married: _____

Priest/Minister who sent you: _____

Wedding Date: _____

Preferred weekend date: _____ Alternate weekend date: _____

Please make Check or Money Order payable to: CATHOLIC ENGAGED ENCOUNTER

Send Completed Registration Form and money to: **Paul and Pegi Ackerman**

Phone: (509) 575-4931

1503 Queen Ave.

E-mail: napa11gk@q.com

Yakima, WA 98902

EE USE ONLY:

Amount Enclosed: _____ Date Payment Received: _____

Check number: _____ Money Order #: _____

Scheduled Weekend: _____ Map and Letter sent: _____