

Application for an Engaged Encounter Weekend

Catholic Engaged Encounter

of Central Washington (Yakima Diocese)

Phone: (509) 528-4653

Email: info@eecentralwa.org

Man's Name

First: _____

Last: _____

Woman's Name

First: _____

Last: _____

His Address

Street: _____

City: _____

State: _____

Her Address

Street: _____

City: _____

State: _____

His Age: _____

Her Age: _____

His Religion: _____

Her Religion: _____

His Phone

Home: _____

Work: _____

Her Phone

Home: _____

Work: _____

His Email Address

Her Email Address

We can be contacted after the wedding at:

Church where we will be married:

Wedding Date: _____

Priest/Minister who sent you: _____

Preferred Weekend Date: _____

Alternate Weekend Date: _____

EE USE ONLY:

Amount Enclosed: _____

Date Payment Received: _____

Check #: _____

Scheduled Weekend: _____

Map and Letter Sent: _____