

Worldwide Marriage Encounter Registration Form '09



Today's date: _____

Weekend Choice: (Check one)

April 24-26, 2009 (in
Rockville, MD) _____

Sept. 11-13, 2009 (in
Lexington Park, MD) _____

Nov. 6-8, 2009
(in Rockville, MD) _____

Last Name: _____

His First Name: _____

Her First Name: _____

Phone No: _____

e-mail: _____

Address: _____

city: _____

state: _____

zip: _____

His Faith: _____

Parish/Church/Synagogue: _____

Her Faith: _____

Parish/Church/Synagogue: _____

Wedding Date: _____

Special Needs (diet, handicap, non-smoking, etc.):

MAIL REGISTRATION with \$50 check to
WWME
c/o John Gail Gordon
4514 Shelleys Crossing
Huntingtown, MD 20639