

Worldwide Marriage Encounter Registration Form '10

Today's date: _____

| Weekend Choice: | | (Check one) | |
|-----------------|--------------------------|-----------------|--------------------------|
| Feb 12-14, 2010 | <input type="checkbox"/> | Apr 23-25, 2010 | <input type="checkbox"/> |
| Apr 23-25, 2010 | <input type="checkbox"/> | Nov 12-14, 2010 | <input type="checkbox"/> |

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
Attn: Whalen's
15708 Thistlebridge Drive
Rockville, MD 20853