

HOLY CROSS RETREAT HOUSE  
490 WASHINGTON ST  
NORTH EASTON, MA 02356  
508-238-2051

E-Mail: [DanSullivan@RetreatHouse.org](mailto:DanSullivan@RetreatHouse.org)  
MARRIAGE PREPARATION DAY  
FOR ENGAGED COUPLES

**Saturday, January 22, 2011**

8:30 AM to 5:00 PM -- LUNCH INCLUDED

PLEASE PRINT

**BRIDE:** Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Zip: \_\_\_\_\_

Home Telephone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

Parish: \_\_\_\_\_ Religion: \_\_\_\_\_

Age: \_\_\_\_\_ **E Mail address:** \_\_\_\_\_

For nametag, what name do you wish to be called by: \_\_\_\_\_

**GROOM:** Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Zip: \_\_\_\_\_

Home Telephone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

Parish: \_\_\_\_\_ Religion: \_\_\_\_\_

Age : \_\_\_\_\_ **E Mail address:** \_\_\_\_\_

For nametag, what name do you wish to be called by: \_\_\_\_\_

Date of Wedding: \_\_\_\_\_ Church: \_\_\_\_\_

**REGISTRATION FEE: \$75 PER COUPLE - INCLUDES LUNCH**

Please return this application **and** \$75 workshop fee payable to **Retreat House**

**Marriage Preparation Program**

**Holy Cross Retreat House**

**490 Washington St**

**North Easton MA 02356**

Space is limited. Please complete this form and mail immediately.

Your application must be received at least two weeks prior to the session, but this does not guarantee that there will be room. To check on availability, email: [DanSullivan@RetreatHouse.org](mailto:DanSullivan@RetreatHouse.org)

You will receive a confirmation of this registration, and directions to the Retreat House upon return of this form. If you do not receive a confirmation in two weeks, please call the Retreat House.

**NOTE: All correspondence will be sent to the Bride's address unless you indicate otherwise.**

RETREAT HOUSE STAFF  
Fr. Joseph Callahan, CSC  
Jim & Terry Orcutt  
Dan & Ann Louise Sullivan