



CATHOLIC ENGAGED ENCOUNTER TRINIDAD & TOBAGO

Registration Form

Please complete and return the form via email to:

josebarbarasalazar@hotmail.com and campbell9971@hotmail.com

or via post to : Elvina Wellington, 19A La Burnum Avenue East, Petit Valley.

Phone: (868)632-4472/768-2387

PLEASE COMPLETE ALL OF THE FOLLOWING INFORMATION:

(IN BLOCK LETTERS)

HIS INFORMATION

Last Name: _____

First Name: _____

Address: _____

Email: _____

Phone: Home: _____ Cell _____

Work: _____

Age: _____ Religion _____

Have you been married before? Yes No

Parish selected for wedding ceremony _____

Priest _____

Any difficulty in reading, writing etc. _____

HER INFORMATION

Last Name: _____

First Name: _____

Address: _____

Email: _____

Phone: Home: _____ Cell _____

Work: _____

Age: _____ Religion _____

Have you been married before? Yes No

Planned date of wedding: _____

Selected CEE weekend: _____

Any special diet/allergies i.e. No meat, eggs,

cheese, milk etc. _____
