

Engaged Encounter Reservation – Diocese of Gallup

(Please print clearly)

Man's Last Name _____

Woman's Last Name _____

Man's First Name
For name tag _____

Woman's First Name
For name tag _____

For certificate _____

For certificate _____

Address: _____

Address: _____

City/State/Zip: _____

City/State/Zip: _____

Phone (_____) _____ - _____ (circle one) Home Work Cell

Phone (_____) _____ - _____ (circle one) Home Work Cell

Email address: _____

Email address: _____

Age _____ Religion _____

Age _____ Religion _____

Support Contact: Please give a name of a friend or family member who supports and prays for the success of your marriage.

For the Man: _____

For the Woman: _____

Phone (_____) _____ - _____ (circle one) Home Work Cell

Phone (_____) _____ - _____ (circle one) Home Work Cell

Email address: _____

Email address: _____

~~~~~  
Parish to be married in \_\_\_\_\_ City \_\_\_\_\_ Wedding Date: \_\_\_\_\_

Priest or Pastor's Name \_\_\_\_\_ Referred to Engaged Encounter by \_\_\_\_\_

Contact after the wedding: Address \_\_\_\_\_ Phone ( ) \_\_\_\_\_ - \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Desired Weekend: 1<sup>st</sup> Choice \_\_\_\_\_ 2<sup>nd</sup> Choice \_\_\_\_\_

Special Needs: (dietary, physical impairments, or medical)  
\_\_\_\_\_

REGISTRATION TYPE:  Regular Registration (lodging included) - Fee - \$ 85.00 per couple  
(check one choice)  Commuter Registration (no lodging) - Fee - \$ 50.00 per couple

DESIRED 2018 WEEKEND: (please circle choice): February 9-11      June 15-17      October 12-14

\*\*\* Please make check payable to: Catholic Engaged Encounter

Mail To:

Catholic Engaged Encounter  
for Diocese of Gallup 1609  
Redrock Dr.  
Gallup, NM 87301