

Engaged Encounter Reservation – Diocese of Gallup

(Please print clearly. Thank you.)

Man's Last Name _____

Woman's Last Name _____

Man's First Name
For name tag _____

Woman's First Name
For name tag _____

For certificate _____
Address: _____

For certificate _____
Address: _____

City/State/Zip: _____

City/State/Zip: _____

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

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

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

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

Email address: _____

Email address: _____

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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 \_\_\_\_\_

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

REGISTRATION :  Commuter Registration (no lodging) - Fee - \$ 50.00 per couple  
(check one choice)  Regular Registration (lodging included) - Fee - \$ 85.00 per couple (Same cost for 1 or 2 nights)  
Please indicate which nights you will stay:  Saturday only or  Friday & Saturday

DESIRED 2021 WEEKEND: (please circle choice): April 10-11 June 26-27 October 23-24

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

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