



## Engaged Couples Retreat with Msgr. Ken Leone

### Retreat Registration Form

Bride

Groom

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

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

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

City, State, Zip: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

e-mail: \_\_\_\_\_

e-mail: \_\_\_\_\_

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

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

Home Parish: \_\_\_\_\_

Home Parish: \_\_\_\_\_

Hobbies: \_\_\_\_\_

Hobbies: \_\_\_\_\_

Occupation: \_\_\_\_\_

Occupation: \_\_\_\_\_

Is this your first marriage? \_\_\_\_\_

Is this your first marriage? \_\_\_\_\_

Wedding Date: \_\_\_\_\_

Wedding Location: \_\_\_\_\_

Presiding Priest: \_\_\_\_\_

Have you completed the FOCCUS? \_\_\_\_\_

Have you attended a Natural Family Planning Class? \_\_\_\_\_

Along with your completed registration form, please mail your check, made out to **Maggie Torres**, to:

Maggie Torres  
16392 Maple Rock Court  
Parker, CO 80134

To help us know of your intent to attend the retreat, after you have mailed us your registration form, please send us an email at [engagedcouplesretreat@gmail.com](mailto:engagedcouplesretreat@gmail.com) Confirmation of our receipt of your registration form and check will be provided by email.

Retreat Dates: Friday April 23<sup>rd</sup> (6PM – 10PM) and Saturday April 24<sup>th</sup> (8:30AM – 6PM)

Retreat Location: Risen Christ Church Hall  
3060 S. Monaco Parkway, Denver

Retreat Cost: \$180.00 (Includes all materials, dinner on Friday and breakfast and lunch on Saturday)