

*Dear Engaged Couple:*

*Please register as soon as you complete the FOCCUS. Upon receiving your registration and fee, your place will be reserved in our seminar. The cost of the program is \$80 per couple. This fee includes materials and a 1-year subscription to FOUNDATIONS, a newsletter for newly married couples.*

*If you have any questions please call Deacon Arnold or Diane Gustafson: 352-3525, x30*

*Monday through Friday  
10:00 a.m. – 4:00 p.m.*

*Or e-mail us at*

*deaconaja02@hotmail.com*

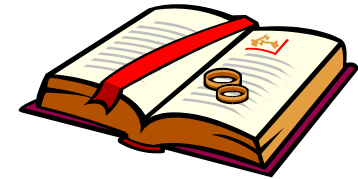
The Engaged Couples Seminar weekend consists of gatherings with a trained leader couple, a priest or deacon, a nurse educator and a financial advisor.

Through prayer, contact with other couples, and information, you will learn more about yourself, your fiancé(e) and your marriage.

Pre-registration is required for all seminars. After registration is received, confirmation will be received by the participants.

*Monadnock Deanery*

## Engaged Couples Seminar



**2011/12 Seminar Weekends**  
Sat: 9am – 5:30pm Sun: 1 - 5pm

**September 25/25, 2011**  
Catholic Faith Formation – Keene

**January 28/29, 2012**  
Catholic Faith Formation - Keene

**March 24/25, 2012**  
Catholic Faith Formation Center  
Keene

**May 19/20, 2012**  
Divine Mercy Parish Hall  
Peterborough

# Your Wedding Plans

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

Church:

\_\_\_\_\_

Address:

\_\_\_\_\_

\_\_\_\_\_

Priest or Deacon:

\_\_\_\_\_

Date FOCCUS completed:

\_\_\_\_\_

(must be completed before seminar)

Dates available for the Seminar:

1<sup>st</sup> Choice:

\_\_\_\_\_

2<sup>nd</sup> Choice:

\_\_\_\_\_

# Bride

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

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

\_\_\_\_\_

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

Email: \_\_\_\_\_

Age: \_\_\_\_\_

Faith Affiliation: \_\_\_\_\_

Parish  
(Church): \_\_\_\_\_

Is this your 1<sup>st</sup> marriage? \_\_\_\_\_

Do you have children? \_\_\_\_\_  
Ages? \_\_\_\_\_

Please mail completed registration form to:

Catholic Faith Formation Center  
161 Main Street, Suite 118  
Keene, NH 03431

**with a check in the amount of \$80  
made payable to the CFFC**

# Groom

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

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

\_\_\_\_\_

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

Email: \_\_\_\_\_

Age: \_\_\_\_\_

Faith Affiliation: \_\_\_\_\_

Parish  
(Church): \_\_\_\_\_

Is this your 1<sup>st</sup> marriage? \_\_\_\_\_

Do you have children? \_\_\_\_\_  
Ages? \_\_\_\_\_

