

# REGISTRATION FORM



Please fill in the details for each partner

Name: .....

Name: .....

Contact Address: .....

.....Postcode: .....

Telephone (Work) .....

(Home) .....

Email address: .....

Parish & Suburb: .....

Date of Wedding: .....

Celebrant's Name: .....

Program we wish to attend:

Partnership      Combined Prepare & Partnership

Prepare only

Partnership Course Number: .....

Dates: .....

Cost per Couple:

Partnership .....\$250

Prepare .....\$300

Prepare & Partnership .....\$370

## **PAYMENT: Cheques made payable to CatholicCare**

Please charge this cost to my credit card account.

Bankcard      MasterCard      Visa

Card No: .....

Expiry Date: .....

Cardholder's Name .....

Cardholder's Address: .....

Signature: .....

Office use:      Receipt # ..... Date: .....

Send completed registration form and payment to:  
CatholicCare      CatholicCare  
PO Box 1174      35A Cordeaux Street  
WOLLONGONG 2500      CAMPBELLTOWN 2560  
Ph: 4227 1122      Ph:4628 0044  
Email: [enquiries@catholiccare.woll.catholic.org.au](mailto:enquiries@catholiccare.woll.catholic.org.au)  
Kiama forms to be sent to Wollongong