PRE-CANA
RETREAT REGISTRATION FORM

Please print information (**LEGIBLY**) and return completed form to:

St. Frances Cabrini Parish
9000 Laurence, Allen Park, MI 48101
(office@cabriniparish.com) (313-381-5601)

Date of Marriage: _____Place of Marriage:_____

City and State:_____

Bride	**Groom**
Name_____	Name_____
Address_____	Address_____
City, State /Zip_____	City, State/Zip_____
Phone#_____	Phone#_____
E-Mail _____	E-Mail _____
Age_____ Birthdate: _____	Age_____ Birthdate: _____
Parish_____	Parish_____
Education_____	Education_____
Career_____	Career_____
Hobbies_____	Hobbies_____
☐ Remarriage	☐ Remarriage
☐With children ☐Divorce	☐With children ☐Divorce
☐Without children ☐Death	☐Without children ☐Death
What do you hope to gain from participating in this marriage program?	What do you hope to gain from participating in this marriage program?
_____ __	_____
What topics/information do you wish covered?	What topics/information do you wish covered?
_____	_____

Please check the weekend date that you will attend

☐ **October 17, 2026**

Registration for each retreat closes on the Monday prior to the retreat. By that time, both the completed registration form and payment must be submitted. No registrations at the door.
Class is held from 8:30 a.m. until 3 p.m. in Holy Family Hall and concludes with the opportunity for confession at 3 p.m. and Mass at 4:30 p.m.

☐ **$ 125** **Paid in full** **Cash _____** **Check No. _____** **C.C. _____**