

# 2016 Retrouvaille Registration Form

*Please print clearly*

## Husband

First name \_\_\_\_\_ Last name \_\_\_\_\_

Address \_\_\_\_\_

City State Zip \_\_\_\_\_

Phone Evening \_\_\_\_\_

Phone Day/Cell \_\_\_\_\_

E-mail \_\_\_\_\_

Religion \_\_\_\_\_

Parish \_\_\_\_\_

## Wife

First name \_\_\_\_\_ Last name \_\_\_\_\_

Address \_\_\_\_\_

City State Zip \_\_\_\_\_

Phone Evening \_\_\_\_\_

Phone Day/Cell \_\_\_\_\_

E-mail \_\_\_\_\_

Religion \_\_\_\_\_

Parish \_\_\_\_\_

**Wedding Date** \_\_\_\_\_

**Weekend Date: January 15-17, 2016, Bismarck, ND**

Starting Time: 7:00 p.m. CST Friday

Concluding time: 5:00 p.m. CST Sunday

**Call 701-204-7209 or Toll-free 1-877-405-7435 for more information or register online at [www.retrouvaille.org](http://www.retrouvaille.org)**

**Please include a Non-refundable deposit of \$100.00 payable to 'Diocese of Bismarck'.**

Mail this completed form along with the deposit to:

**Tara Brooke, Director,  
Office of Family Ministry  
PO Box 1137  
Bismarck, ND 58502-1137**

When we receive your registration form and deposit, you will receive a phone call and a confirmation letter.