

St Christopher's Church
Smart Loving – Engaged Registration Form

Participant 1: Personal Information	Participant 2: Personal Information
Name: _____	Name: _____
Gender: F / M	Gender: F / M
Date of Birth : _____	Date of Birth : _____
Nationality: _____	Nationality: _____
Religion: _____	Religion: _____
Address: _____ _____	Address: _____ _____
Contact No: _____	Contact No: _____
Date of Wedding: _____	Date of Wedding: _____
Hobbies/Interests: (to assist in matching with the most suitable mentor couple as far as possible) _____ _____	Hobbies/Interests: (to assist in matching with the most suitable mentor couple as far as possible) _____ _____

We have been briefed that attendance at all 6 sessions has to be fulfilled before a Certificate of Completion is awarded.

We enclose payment \$100 (cheque no: _____ / bank transfer receipt) being payment for the course and other costs.

Bank Details:

St Christopher's Parish, Syndal

BSB: 083347

Account No.: 452957874

Signatures of Couple

Date

For Official Use:

Received cheque / bank transfer payment: _____

Mentor Couple assigned: _____

Commencement of Course: _____

Conclusion of Course: _____

Certificate of Completion Awarded: _____