



# MARRIAGE ENCOUNTER WEEKEND #41

**KFI-M.E. Ministry, Inc.**

Date: **November 17, 18, & 19, 2023**

**Don Bosco Retreat Center**

174 Filors Lane, Stony Point, NY 10980

Couple's Last Name: \_\_\_\_\_ First Name: His \_\_\_\_\_ Hers \_\_\_\_\_

E-mail Address: His \_\_\_\_\_ Hers \_\_\_\_\_

If you prefer to be called by your nickname: His \_\_\_\_\_ Hers \_\_\_\_\_

Home Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone #: Home: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Mobile: His (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Hers (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Couple's Wedding Date: \_\_\_\_\_ Wedding Place (Parish/Church): \_\_\_\_\_

Couple's Theme Song: \_\_\_\_\_ Present Parish You Belong: \_\_\_\_\_

Referred By: \_\_\_\_\_ Food Allergy: \_\_\_\_\_ Special Diet: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Registration Fee: **\$325.00** (Meals and lodging included)

Please make your check payable to: **KFI-M.E. Ministry, Inc.**

Mail to: **Bobby & Cherrie Martinez**, 707 Midwood Rd, Ridgewood, NJ 0750 - Tel. (201) 925-6504  
(Mail your registration and payment as soon as possible to insure a place in the weekend)



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