Couples Night
REGISTRATION FORM

St. Peter Catholic Church

Today's Date: [Date]	Family Last Name		
COUPLE INFORMATION			
Husband's Name, Last Name			
Wife's Name, Last Name			
Address:			
Email	Home phone no.:	Cell phone no.:	
Number of Children:	Married ?		
IN CASE OF EMERGENCY			
Name of local friend or relative (not living at same address):	Relationship	Home phone no.:	Work phone no.:

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