

Couple Empowerment Program

REGISTRATION FORM

Surname : _____

First Names : _____ (H) _____ (W)

Address : _____
_____ S ()

Contact Number: _____ (H) _____ (W)

Email : _____ (H) _____ (W)

Names and Ages of children (please indicated if they are attending CEP)

- 1. _____ Age: _____ Attending : YES / NO
- 2. _____ Age: _____ Attending : YES / NO
- 3. _____ Age: _____ Attending : YES / NO
- 4. _____ Age: _____ Attending : YES / NO

Number of Years Married / Date of Marriage _____ yrs / _____ dd _____ mm _____ yy

Parish Church _____

Indicate Religion of both spouses for Interfaith Marriages

_____ (H) _____ (W)

Payment of S\$ _____ enclosed _____ cheque details

All cheques are to be made payable to " Church of St Vincent de Paul " ; kindly write "Couple Empowerment Program", your names, contact nos. and address at the back of your cheque.

Please mail your cheque together with this Registration Form to :

Victor & Annabelle,
Blk 137, Rivervale Street #13-746
Singapore 540137

Kindly note that as there is a limit to the number of participants, registration is subject to availability and to our confirmation by email/post.