

**St Christopher's Church**  
**Smart Loving – Engage**  
**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: BSB:083 347 Acct: 45295 7874 Name: St Christopher's Parish, Syndal (Please type your name in the "Reference" field, and email [finance@syndalcatholic.org.au](mailto:finance@syndalcatholic.org.au) to let the finance committee know that you have made payment for this programme)

\_\_\_\_\_  
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: \_\_\_\_\_