

NATURAL FAMILY PLANNING HEALTHY LOVE REGISTRATION (*Read Carefully and Please Print*)

We are unable to put your name on the reservation list until we have received this form and the registration fee.

Name (*female*) _____

Address _____

City & State _____ Zip _____ Phone (H) _____ (W) _____

Email _____

Name (*male*) _____

Phone (H) _____ (W) _____

Email _____

We are: Engaged (wedding date _____) Married I am: Single

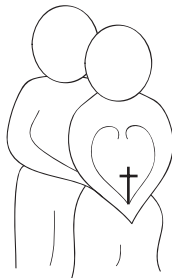
We would like to register for:

Healthy Love: An Introduction to NFP on: _____ Location: _____

Enclosed is our check for \$10 for Healthy Love

Make checks payable to: **Diocese of Kalamazoo**

If you attend a Marriage Discovery Weekend you will participate in this as part of the presentations so you don't need to register for this separately.



Mail form and fee to:

Marriage and Family Ministry

215 N. Westnedge Avenue

Kalamazoo, MI 49007-3760

269.349.8714 ext. 114

www.dioceseofkalamazoo.org

We suggest you copy this and keep the brochure for your information.

**OFFICE
USE ONLY**

Received	Conf. Sent	Paid