

## REGISTRATION

Complete this form to register  
and send it along with your \$25 registration fee to:

### **Covenant of Life Retreat**

C/O Church of the Risen Christ  
3060 South Monaco Parkway  
Denver, CO 80222  
303-758-8826, Fax 303-782-9667,  
Email [BrianD@risenchristchurch.org](mailto:BrianD@risenchristchurch.org)

Make checks payable to:  
Church of the Risen Christ

Bride's Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Age: \_\_\_\_\_ Religion: \_\_\_\_\_

Groom's Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Age: \_\_\_\_\_ Religion: \_\_\_\_\_

Wedding Date: \_\_\_\_\_

Wedding Location: \_\_\_\_\_