



SAINT MARY
MAGDALENE
ROMAN CATHOLIC CHURCH

PO Box 78261 Corona CA. 92877 951-277-1801 Fax 951-277-2104
smmcorona.net

REGISTRATION

Circle one:

- Wedding
- Wed-Anniversary
- Death Anniversary
- Birthday
- Other _____

Today's Date _____ Registered at SMM YES NO

Event Day/ Fecha del Evento _____ Mass Time/ Hora de la Misa 12pm 2pm Other _____

Mass / Celebration is for: _____

If Wedding / name of Bride _____ Phone _____ Email _____

Name of Groom _____ Phone _____ Email _____

Name of person requesting the Event/ Nombre de la persona requiriendo el Evento:

_____ Phone _____ Email _____

Signature/Firma _____ Date / Fecha _____

Donation fees / Costo:

Registered parishioners \$500.00

None Registered parishioners \$600.00

A \$100.00 deposit is required when booking the event.

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OFFICE USE ONLY / PARA USO DE OFICINA SOLAMENTE

Paid by: Cash Check Credit Card. Last 4 digits _____ Amount paid \$ _____ Date _____

Balance \$ _____

Paid by: Cash Check Credit Card. Last 4 digits _____ Amount paid \$ _____ Date _____

Balance \$ _____

This form was received on: _____ Received by: _____

OFFICE: Please initial and date next to the any amount taken.