

WEEKEND APPLICATION FORM - 2017

The Calgary Cursillo Movement

APPLICATION FORM Please print CLEARLY

Title: Mr.____ Mrs.____ Miss____ Ms.____ Rev.____ Dr.____

Gender: M____ F_____

Name: _____

(Surname and given name or name you wish to be called)

Mailing Address: _____

(Apt. Number)

(Number & Street)

(City)

(Province/State)

(Postal/ZIP Code)

Email Address: _____

Home Phone: _____

Cell: _____

Please check mark your age group:

18 - 29 _____ 30 - 39 _____ 40 - 49 _____ 50 - 59 _____ 60 - 69 _____ 70 + _____

Marital Status: _____ **Spouse's Name (if applicable):** _____

Is your spouse attending a Cursillo weekend at this time? Yes _____ No _____ N/A _____

OR

Has he/she attended a previous Cursillo weekend? Yes _____ No _____ N/A _____

Church or Parish Name: _____

City: _____

Pastor or Priest's Name: _____

Are you Baptized? Yes _____ No _____

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Sponsor's Name: _____ **Phone Number:** _____

Has your sponsor explained the nature and purpose of the weekend?

Yes ___ **No** _____

Please tell us about any medical conditions or disabilities for which we should be aware such as: allergies, special dietary requirements (like gluten free) or an inability to use stairs.

None: _____ **or Detail out Specifics:**

Please be aware that there is a fee to attend the weekend. The fee covers the cost of meals and accommodations. The current rate (beginning Aug. 2015) is \$215.00 cdn - double occupancy / \$245 - single.

Applicant's Signature: _____ **Date:** _____

Please have your Pastor or Priest read and endorse your application. _____

Pastor/Priest (Print name): _____

Phone: _____

Date: _____

Pastor/Priest Signature: _____

When completed, please return this Form to your Sponsor or Email it to [DAN BRISBIN @ dan_b80@telus.net](mailto:dan_b80@telus.net)

Talk to your Sponsor about the fee process...

If you have any questions please contact Dan Brisbin at (403) 255-3414