

**WEEKEND APPLICATION FORM – 2017**

**Title:** (circle one)      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)                      (Postal Code)

**Email Address:** \_\_\_\_\_

**Primary Phone:** \_\_\_\_\_                      **Secondary Phone:** \_\_\_\_\_

**Please circle your Age Group:** 18-29      30-39      40-49      50-59      60-69      70+

**Are you Married?** YES / NO      **If Yes, What is your Spouse's Name:** \_\_\_\_\_

**Is your Spouse attending the upcoming set of weekends?:** YES / NO / N/A

**OR**

**Has he/she attended a previous Cursillo weekend?:** YES / NO / N/A

**Church or Parish Name:** \_\_\_\_\_

**City:** \_\_\_\_\_                      **Pastor/Priest's Name:** \_\_\_\_\_

**Are you Baptized?:** YES / NO

**Date:** \_\_\_\_\_

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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:

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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: \_\_\_\_\_

When completed, please return this Form to your Sponsor or Email it to [DAN BRISBIN @ dan\\_b80@telus.net](mailto:dan_brisbin@telus.net)

Talk to your Sponsor about the fee process...

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