

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 ___

Sponsor's Name: _____ Phone Number: _____

Has your sponsor explained the nature/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

Specifics:

I agree to have my name and contact information included on my Cursillo weekend list.

(If you do NOT wish to give this consent, please check here ___).

Please be aware that there is a fee to attend the weekend. The fee covers the cost of meals and accommodation. The current rate is \$195 Cdn, double occupancy.

Applicant's Signature: _____ Date: _____

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

Pastor/Priest (Print name): _____ Phone: _____

Pastor/Priest Signature: _____ Date: _____

When completed, please return this form to your Sponsor or mail or scan/email to:

Karen Spaargaren
279 Deer Saxon Circle SE
Calgary, AB, T2J 6S9
spaargw@shaw.ca
403-278-0827