

**THE CURSILLO MOVEMENT
ANGLICAN DIOCESE OF CALGARY
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 ___

(Cursillo Application Form, Page 2 of 2)

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**

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 accommodations. The current rate (beginning Jan 2011) 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 Email it to Kerin Spaargaren at spaargw@shaw.ca

If you have any questions please contact Kerin Spaargaren at (403) 278-0827.