



## Niagara and Huron Anglican Cursillo

(Weekend Application Form)

Weekend # \_\_\_\_\_ Date: \_\_\_\_\_

*The Participant cost for the Cursillo Weekend is \$275.00. As you can appreciate, the cost of three nights accommodation, 8 meals and snacks would normally be more. The cost has been and is subsidized by donations of those who have attended Cursillo previously. We want you to have the same opportunity to attend a weekend as all of us have had; so please, if you have any difficulty with the cost as listed above, feel free to call or contact, in the strictest of confidence, the Cursillo Spiritual Director – The Rev Stephanie Pellow at 519-942-1678 or [revspellow@gmail.com](mailto:revspellow@gmail.com).*

Please fill out this Application form and the following Health Form as completely as possible and send both, along with your \$275.00 (payable to **Niagara Anglican Cursillo**) to: **Blanche Mills, Registrar, 603 – 2435 Second Street, Burlington, ON L7R 1E5.**

Mr. Mrs. Miss Ms. Rev. Dr. (please circle one)

Name: \_\_\_\_\_  
First Last (As you wish it to appear on your name tag)

Address: \_\_\_\_\_  
# Street Unit #

City Postal Code  
Home Phone: \_\_\_\_\_ Cell or Business Phone: \_\_\_\_\_

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

Age: \_\_\_under 25 / \_\_\_26-35 / \_\_\_36-45 / \_\_\_46-55 / \_\_\_56-65 / \_\_\_ even older and wiser!

Parish: \_\_\_\_\_ City \_\_\_\_\_

Please list all allergies (i.e. food, drink, perfume, special diet, gluten, vegetarian etc. ) that should be noted so that kitchen staff and our support people can meet your needs.

Accommodations: There are separate dorms for men and women (spouses do not share a room). Please confirm your willingness to share a room with another participant(s) OR indicate any special room needs due to physical disability that would require special accommodation (i.e. wheelchair).

If you are unable to attend the current weekend would you like to be placed on a waiting list and contacted closer to the next weekend? \_\_\_ Yes \_\_\_ No

Has Cursillo been explained to you? \_\_\_ Yes \_\_\_ No Sponsor: \_\_\_\_\_

Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

\*\*Cursillo Niagara and Huron has a sponsorship fund out of which is paid the remaining cost of the weekend as a gift to the participant. Donations to this fund are gratefully received and can be made **payable to Niagara Anglican Cursillo** and sent to **Renee Anderson, Treasurer, 25 Burdock Blvd., Brantford, ON N3R 6B5**



## Niagara and Huron Anglican Cursillo

(Weekend Health Information Form)

Weekend # \_\_\_\_\_ Date: \_\_\_\_\_

**This information will be kept in the strictest confidence. It will only be used in an emergency and will be destroyed after the Weekend.**

**Please complete this form and send it with your application.**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

#

Street

Unit #

City

Postal Code

Home Phone: \_\_\_\_\_ Cell or Business Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ OHIP# \_\_\_\_\_

Additional coverage:  Yes  No

Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

Please list any health issues that may impact on emergency treatment:

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Date: \_\_\_\_\_ Signature: \_\_\_\_\_