**Niagara Huron Anglican Cursillo**

**Weekend Application Form - Participant**

**November 21-23, 2025 – Mount Mary, Ancaster**

**(Deadline October 31, 2025)**

*For a new participant, this application should be filled out with the full support and knowledge of your parish priest and your Cursillo sponsor. The cost for the Cursillo Weekend is shown below. As you can appreciate, the cost of two nights accommodation, meals and snacks would normally be more. The cost is subsidized by donations of those who have attended previous Cursillo Weekends. We want you to have the same opportunity to attend a Weekend as all of us have had. If you have any difficulty with the cost as listed, feel free to contact, in the strictest of confidence, the Cursillo Spiritual Director, Rev. Dr. Shirl Christian 519-313-0809 or shirljc@wightman.ca. You can also check with your priest to see if there is a parish discretionary fund. Please fill out this application form and the following health form as completely as possible and send both, along with your fee to:* **Niagara Huron Anglican Cursillo,**

**c/o Bronwen Bruch, Registrar, 52 Waterview Lane, Grimsby, ON L3M 0H2. Registrations must be received by October 31, 2025.**

**Shared accommodation $200** [ ]  **Private accommodation (limited availability) $250** [ ]

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Preferred Pronoun \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 First Last

Preferred Name on name tag, if different from above: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Age: \_\_\_\_ under 25 / \_\_\_\_26-35 / \_\_\_\_36-45 / \_\_\_\_46-55 / \_\_\_\_56-65 / \_\_\_\_\_even older & wiser!

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

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

For accessibility purposes: Do you use a wheelchair? \_\_\_\_\_\_ Walker? \_\_\_\_\_\_ Other?\_\_\_\_\_\_\_\_

Details: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Accommodations: There may be separate dorms for men and women (depending on Weekend location, spouses may not be able to share a room). Please confirm your willingness to share a room with another participant(s) OR indicate any special room needs.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

For health reasons I require a single room [ ]  check only if applicable

(cont’d….)

**Weekend Application Form - Participant**  (…cont’d.)

Has Cursillo been explained to you? [ ]  Yes [ ]  No

By signing below, the Sponsor and Priest have prayerfully considered this Participant for a Cursillo Weekend and agree to support this Participant before, during and after the Weekend. The Participant agrees to be supported by the Sponsor and Priest and accepts help with the next steps in parish life.

Sponsor’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Clergy Covenant:**

- I have met and discussed the Cursillo Weekend with the Applicant and believe that they are likely to benefit from a weekend of faith exploration in a residential setting with others.

- I am committed to an initial meeting with the applicant following the Weekend to discuss their experience of the Weekend.

- I will continue to support the applicant in their faith formation and spiritual growth following the Cursillo Weekend.

Clergy’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Note #1: A letter of confirmation will be sent out some time after the application is received, with full details of what you will need to bring with you to make your Weekend comfortable.

Note #2: Niagara Huron Anglican Cursillo has a sponsorship fund out of which is paid a portion of the cost of the Weekend as a gift to the participant. Donations to this fund are gratefully accepted and can be made payable to **Niagara Huron Anglican Cursillo** and **sent to Janice Toth, Treasurer, P.O. Box 125, Mount Hope, ON L0R 1W0**

**REGISTRATION FEE (OR DONATIONS) MAY BE PAID BY CASH, CHEQUE PAYABLE TO NIAGARA HURON ANGLICAN CURSILLO, OR E-TRANSFER.**

**E-Transfer to Cursillo**

Set-up e-Transfer by following these steps:
Step 1: Send the Treasurer an email (**nactreas1@gmail.com**) asking for answer to the security

 question. Please mention you are making a donation or payment to Cursillo. Once you have this

security word you can pay online.
Step 2: Login to your online bank account.
Step 3: Add “Niagara Huron Anglican Cursillo” (bank account name) as a recipient under transfers.

Email: nactreas1@gmail.com

Security Question: What is Ultreya?

Answer: (see step 1.)

\*\*\*Not all banks may have the transfer button in the same spot, however

TDCanadaTrust will be located under Transfer. Then go to Interac e-Transfer.
Step 4: Enter.
Step 5: Enter the payment/donation amount and recipient.
Step 6: Enter.
Step 7: Confirm.
Step 8: You should see a confirmation that funds were sent.

Please note that the bank gives plenty of time for the transfer to take place.

**Niagara Huron Anglican Cursillo**

**Cursillo Weekend Health Information**

*This information will be kept confidential. It will only be used in case of emergency during the Weekend and will be destroyed after the Weekend.*

Please complete this form and hand in with your application.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Preferred Pronoun \_\_\_\_\_\_\_\_\_\_\_

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

Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth (dd/mm/yyyy): \_\_\_/\_\_\_\_/\_\_\_\_\_\_Health Card No. (opt): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(Important: Please have your health card with you on the Weekend, in case of emergency.)*

Additional coverage: Yes ⃣ No ⃣

Company: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Policy No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Family Physician: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Please list any dietary issues or restrictions you have (e.g., food allergies, celiac, vegetarian) so that the kitchen can be prepared for your meals.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please list any health issues (e.g., conditions, allergies, prescription medications) that may impact emergency treatment. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Thank you for your assistance in allowing us to be fully prepared for an emergency.

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

 (applicant’s signature)