

# **CANTERBURY CURSILLO® – WEEKEND APPLICATION FORM**



Date of Cursillo Weekend you wish to attend: \_\_\_\_\_

Title: \_\_\_\_\_ Christian Name: \_\_\_\_\_ Surname: \_\_\_\_\_ M/F \_\_\_\_\_

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

\_\_\_\_\_ Postcode: \_\_\_\_\_

Email: \_\_\_\_\_ Telephone: \_\_\_\_\_

Name you wish to be called by (for badges etc.) \_\_\_\_\_ Your Age: \_\_\_\_\_

Name and location of Church where you worship: \_\_\_\_\_

Any special needs e.g. dietary, allergy, disability: \_\_\_\_\_

## **In the event of an emergency during the weekend, who would you want us to contact?**

Name and connection: \_\_\_\_\_ Telephone: \_\_\_\_\_

**CANTERBURY CURSILLO** make no charge for the weekend. However, donations would be much appreciated so if you would like to make a donation, please submit it with this form or you can transfer directly into our bank account.

Name: **CANTERBURY CURSILLO. SORTCODE: 30-91-60 ACCOUNT NUMBER: 00405730**

**Please use your name as a reference.**

Signature of Applicant \_\_\_\_\_ Date signed: \_\_\_\_\_

Name of Sponsor: \_\_\_\_\_ Signature: \_\_\_\_\_

Address of Sponsor : \_\_\_\_\_

Telephone Number of Sponsor: \_\_\_\_\_ Sponsor Email address: \_\_\_\_\_

Local Priest's name \_\_\_\_\_ Signature: \_\_\_\_\_

Telephone: \_\_\_\_\_

## **Once completed please return this form along with any donation to:**

ANN WELTI, Bookings Secretary. Holly Tree House, The Green, Shepherdswell, DOVER. CT15 7LQ.  
Tel. 07710 090965 / 01304 830768

**Email: [bookings@canterburycursillo.org](mailto:bookings@canterburycursillo.org)**

## **DATA PROTECTION**

May we keep the details you have supplied on this completed form both on paper and electronically for communication purposes concerned with Canterbury Cursillo now and in the future?

Yes/No (Please indicate) Signed \_\_\_\_\_