

APPLICATION TO ATTEND A CURSILLO WEEKEND

APPLICANT INFORMATION		
Name:		Date:
Nickname (for name tag):	Gender:	Cell Phone:
Email:		
Current address:		
City:	State:	ZIP Code:
Birth Date:	Marital Status:	Spouse Name:
CHURCH INFORMATION		
Are you a baptized Christian? Yes No (Please Circle)		Is your spouse? Yes No (Please Circle)
Are you a confirmed Episcopalian? Yes No (Please Circle)		Is your spouse? Yes No (Please Circle)
Name of the church of which you are a member:		
I would like to attend Cursillo Number:		to be held:
Physical Disability?	Lodging Requests:	
Special Needs:	Roommate Preference:	
Special Dietary Needs:	Please complete the attached page for special needs.	
Signature of Applicant:		Date:
SPONSOR INFORMATION		
Name:		
Address:		Cell Phone:
City:	State:	ZIP Code:
Email:		
Signature of Sponsor:		Date:
PRIEST INFORMATION		
Name:		
Parish:		
Signature:		

INSTRUCTIONS TO APPLICANT AND SPONSOR

The Cursillo Movement in the Diocese of Western Louisiana is designed for confirmed Episcopalians. It is the state policy that all applications shall be limited to confirmed Episcopalians or the baptized spouses of confirmed Episcopal Cursillistas or pilgrims. All exceptions to this must be submitted to the Cursillo Secretariat through the Diocesan Spiritual Director by the priest signing the application, together with a detailed statement of reasons and circumstances in support thereof. Participants are expected to remain for the entire weekend from Friday evening through Sunday afternoon.

Should it become necessary to cancel your reservation, please notify **Sandra Edwards, Registrar**, at **337-540-5601**, or by email at **nuts4garfield@gmail.com**. **Please also notify your priest and sponsor.**

The cut-off date for accepting applications is 14 days prior to the weekend. Should your application be mailed very close to that date please notify the registrar that is in in the mail. Please mail complete and signed applications to:

THE CURSILLO MOVEMENT or
C/O Sandra Edwards
2112 N Rose Park Ave
Sulphur, LA 70663

EMAIL TO:
nuts4garfield@gmail.com

Please complete the following information and return with your completed application, so that we can make every attempt to honor your requests and needs as supplies and lodging requests are possible.

SPECIAL NEEDS

Name: _____

Please check your selections so we can ensure your needs will be met.

Dietary:

- No Salt
- Vegan
- Gluten Free
- No Seafood
- Allergies
- Type of Allergies _____
- _____

Physical:

- Wheelchair
- Transportation need
- Hearing Impaired
- Vision Impaired
- Handicap Room
- Single Lodging
- First Floor Lodging (Note: There is no elevator)

Medical:

- Time Reminder to Administer
- Snack with Medication
- Refrigeration Storage for Rx
- Other _____

Special Instructions: _____

We will respect your privacy and only share this information with personnel involved to honor your requests and ensure your needs have been met.

BEVERAGE PREFERENCE

Name: _____

Please check your selections so we can ensure your favorites are available if possible.

Morning Beverage:

- Coffee - Regular
- Coffee – Decaf
- Tea - Regular
- Tea - Decaf
- Tea - other _____
- Juice - _____

During the Day & Meals:

- Coke – Regular
- Coke – Diet
- Coke Zero
- Sprite – Regular
- Sprite – Diet
- Dr. Pepper – Regular
- Dr. Pepper - Diet

Beverage Additives:

- Cream (Powder)
- Sugar
- Sweet N Low
- Splenda
- Creamer (Liquid) Flavor: _____

- Water
- Other: _____