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



Date of Cursillo Weekend you wish to attend	l:	
Title: First Name:	Surname:	M/F
Address:		
	Postcode	
	Telephone:	
	•	
Name you wish to be called by (for badges etc.) _		DOB:
Any special needs e.g. dietary, allergy, disability:		
In the event of an emergency during the we	eekend, who would you want	us to contact?
Name and connection:	Telephone:	
canterbury cursillo weekend costs a and merely ask that you contribute a small p either your supporter or yourself. Any addition donations can be made by cheque payable transfer directly into our bank account either Name: Canterbury cursillo. Sorto Please use your name as a reference.	ayment of £70 per person for onal donations would also be e to Canterbury Cursillo and so as a one-off payment or by n	the weekend. This is payable by much appreciated, and payments ubmitted with this form or you ca nonthly instalments.
Signature of Applicant	Date signed:	
Name of Supporter:	Signature:	
Address of Supporter:		
Telephone Number of Supporter:	Supporter Email addr	ress:
Name of Church where you worship:		
Local Priest/Minister's name*	Signature:	
Telephone:	email:	
Once completed please return this form alor	ng with any donation to:	
Corinna Tucker, 38 St John's Avenue, Sittingbourr Tel. +44 7306 131065 <b>Email: Corinna.kent.65@gmail.com</b>	ne, Kent ME10 4NE	
<b>DATA PROTECTION</b> May we keep the details you have supplied on this communication purposes concerned with Canterbu		
Yes/No (Please indicate) Signed		
Please indicate your permission to have any photo Cursillo Facebook page.	ographs taken on the weekend th	at may be included on the
Yes/No (please indicate) Signed		