

Canadian Conference of Catholic Cursillos
CURSILLO OF CURSILLOS, June 27 – 30th 2019

Hosted by the Cursillistas of Halifax/Yarmouth diocese at Mount St Vincent University, Halifax

PERSONAL INFORMATION	Last Name _____		First Name _____		Mr / Mrs/ Ms _____
	Mailing Address _____				
	City _____		Province/State _____		Postal Code/Zip _____
	Country: _____				
Phone: _____ () _____		Cell: _____ () _____		Email: _____	
CURSILLO INFORMATION	I am a Voting Delegate: YES <input type="checkbox"/> NO <input type="checkbox"/>		I am voting as: Lay Director <input type="checkbox"/> Spiritual Advisor <input type="checkbox"/> Lay Member <input type="checkbox"/> <i>Each secretariat is allowed 4 votes. Lay Director and Spiritual Advisor and 2 others. The Lay Director and Spiritual Advisor may not be replaced.</i>		
	Name of Cursillo Movement: _____ _____ Diocese _____				
	Year of my Cursillo weekend: _____ made in which diocese: _____				
	I have attended a National Conference: YES <input type="checkbox"/> NO <input type="checkbox"/> If "Yes" years attended: _____				
ARRIVAL INFORMATION	I will be arriving by: PLANE <input type="checkbox"/> CAR <input type="checkbox"/> BUS <input type="checkbox"/> OTHER <input type="checkbox"/>				
	I will require transportation to the venue: YES <input type="checkbox"/> NO <input type="checkbox"/>				
	From: Airport. Halifax YHZ <input type="checkbox"/> Bus Station <input type="checkbox"/> Train Station <input type="checkbox"/>				
	Arrival Date: _____ Time: _____ Airline & Flt # _____ Bus # and Time _____ Train Time _____ You will be advised of pickup times and places once you have registered. <i>(Please note. If you plan on arriving before June 27th or leaving after June 30th you will need to make your own arrangements for getting to the university and for extra day's accommodations. Please phone Patricia Drake, 902 457 6355 to make these arrangements advising that you are part of the CCCC conference group.)</i>				
DEPARTURE INFORMATION	I will require transportation from the venue YES <input type="checkbox"/> NO <input type="checkbox"/>				
	To Airport Halifax YHZ <input type="checkbox"/> Bus Station <input type="checkbox"/> Train Station <input type="checkbox"/>				
	Departure Date: _____ Time: _____ Airline & Flt.# _____ Bus # and Time _____ TrainTime _____				
SPECIAL REQUIREMENTS	Please let us know of any food allergies or other requirements. Please be specific: i.e.diabetic, gluten free etc. Please be aware of others' sensitivity to scents.				
ACCOMMODATIONS <u>Please provide names if you wish to share the suite with specific people</u>	Accommodation. Suites with 4 single bedrooms sharing 2 baths. Small kitchen, sitting and eating area \$295 per person <input type="checkbox"/> <input type="checkbox"/> Sharing with _____ Please advise with whom you wish to share otherwise you will be assigned room mates If registering after May 10th please add \$20 per person. NB. CCCC has to guarantee the number of rooms two weeks prior to the event. If you cancel within the 2 week period prior to the conference, you will be responsible for payment of the accommodations portion of the registration fee. PLEASE READ THE INFORMATION SHEET FOR FURTHER DETAILS				
Once you have registered we will send you an invoice which can be paid by e-transfer. If you prefer to pay by cheque, please make cheques payable to CCCC Conference 2019 Mail cheques to CCCC Resource Centre, PO Box 23066 Shoppers Westend PO, Vernon, BC V1T 9L8					