

Canadian Conference of Catholic Cursillos
Cursillo of Cursillos
Sir Wilfrid Laurier University, Waterloo, Ontario

PERSONAL INFORMATION	Last Name _____ First Name _____ Mr / Mrs/ Ms _____ _____ Mailing Address _____ _____ City _____ Province _____ Postal Code _____	
	Phone: _____ ()	Fax: _____ ()
	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 Director <input type="checkbox"/> Lay Member <input type="checkbox"/> <i>Each secretariat is allowed 4 votes. Lay and Spiritual Advisor and 2 others. The Lay and Spiritual Advisor may not be replaced.</i>	
	Cursillo Community: _____ Year of my Cursillo: _____ 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"/> TRAIN <input type="checkbox"/> I will require transportation to the Conference: YES <input type="checkbox"/> NO <input type="checkbox"/> From: Toronto Airport <input type="checkbox"/> Hamilton Airport <input type="checkbox"/> Kitchener Airport <input type="checkbox"/> Kitchener Bus Station <input type="checkbox"/> Kitchener Train Station <input type="checkbox"/> Arrival Date: _____ Time: _____ Airline: _____ Flight #: _____ Bus # _____ Train _____ You will be advised of pickup times and places once you have registered. <i>(Please note. If you plan on arriving before July 2nd or leaving after July 5th you will need to make your own arrangements for getting to the university.)</i>	
DEPARTURE INFORMATION	I will require transportation from the Conference: YES <input type="checkbox"/> NO <input type="checkbox"/> To: Toronto Airport <input type="checkbox"/> Hamilton Airport <input type="checkbox"/> Kitchener Airport <input type="checkbox"/> Kitchener Bus Station <input type="checkbox"/> Kitchener Train Station <input type="checkbox"/> Departure Date: _____ Time: _____ Airline: _____ Flight #: _____ Bus: _____ Train: _____	
SPECIAL REQUIREMENTS	Please let us know of any food allergies or other requirements. Please be specific: i.e. Wheelchair accessible room, diabetic etc.	
Roommate** **see info sheet	2 types of accommodations: single rooms with shared bath between rooms. Dorm style rooms with 2 single beds per room and shared baths (1 bathroom per floor)	
COST (meals included)	On or before April 30th Check one option 1. Single with shared bath \$265 pp <input type="checkbox"/> 2. Dorm style 2 single beds shared bath on each floor \$250 pp <input type="checkbox"/> Offsite \$165 pp <input type="checkbox"/> After April 30 th add \$20 Option 1 \$285. Opt 2 \$270 Offsite \$185	Please make cheque payable to: CCCC 2009 Conference CCCC Resource Centre 957 Brunette Ave, Coquitlam, BC. V3K 1E1