



GUEST APPLICATION FORM

SPRING/FALL WEEKEND (please circle) 20____

Name _____ Nickname _____
(For name tag)

Address _____ Sex: M/F _____

_____ Birth Year _____

Phone _____

Email _____

Emergency Contact _____ Phone _____

Episcopal congregation you attend & city _____

Name of a family member, friend and/or 'Cursillista' at your church _____

Their email _____ Phone _____

What physical or health concerns do you have that need to be provided for on the weekend?
(For example, allergies, special diet, accessibility, stairs).

The cost of a weekend is \$100 for guests. The true cost is \$260. You are welcome to contribute the full amount - this will enable the Come and See ministry to grow. Scholarships are available if needed.

- _____ \$100 - GUEST DONATION
- _____ \$260 - I AM ABLE TO DONATE THE FULL COST OF THE WEEKEND
- _____ I NEED FINANCIAL ASSISTANCE
- _____ OTHER AMOUNT

Thank you for your interest in Come and See. You will be contacted by the Office Manager when your application has been received.

For questions, please contact secretary@olycursillo.org

Return this form by printing, scanning and emailing to the above address OR mail to:

COME AND SEE/CURSILLO
1551 10TH AVE E
SEATTLE, WA, 98102

For office use only:

Secretariat signature: _____ **Date:** _____

Spiritual Director signature: _____ **Date:** _____