

Canadian Cursillo of Cursillos
June 25th -June 28th, 2026
University of Prince Edward Island (UPEI) Charlottetown

PERSONAL INFORMATION	Last Name _____ First Name _____ Mr / Mrs/ Ms/Fr _____	
	Mailing Address _____ City _____ Province _____ Postal Code _____	
	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: _____ in which diocese: _____ I have attended a National Conference: YES <input type="checkbox"/> NO <input type="checkbox"/>	
ARRIVAL INFORMATION	I will be arriving by: PLANE <input type="checkbox"/> CAR <input type="checkbox"/> I will require transportation to the Conference: YES <input type="checkbox"/> NO <input type="checkbox"/> From: Airport <input type="checkbox"/> Charlottetown(YYG) Arrival Date: _____ Time: _____ Airline & F# _____ <i>You will be advised of pickup time and place once registered.</i>	
DEPARTURE INFORMATION	I will require transportation from the conference YES <input type="checkbox"/> NO <input type="checkbox"/> To Airport <input type="checkbox"/> Charlottetown YYG Departure Date: _____ Time: _____ Airline Flt.# _____ <i>(Please note. If you plan on arriving before June 25th or leaving after June 28th and for extra days accommodation you will need to make your own arrangements with the university. Contact Laura Flynn UPEI Accommodations manager. 902 (566) 6099) conference@upe.ca</i>	
SPECIAL REQUIREMENTS	Please let us know of any food allergies or other requirements. Please be specific: i.e. Diabetic, gluten free etc. PLEASE ADVISE IF THERE ARE MOBILITY ISSUES.	
ACCOMMODATIONS Please provide names if you wish to share the room with a specific person	1. Apartment with two private rooms, each with bathroom. Each room has 2 twin beds. Shared kitchenette, and lounge area. \$386 per person. If you wish to share with a specific person, please complete 2 registration form and provide the names <input type="text"/> _____ 2. 3-bedroom apartment with three single rooms. Each room has an XL double bed, 2 shared bathrooms Shared kitchenette and lounge area. \$468 per person. <input type="text"/> 3. Couples who wish to share a room in the 3-bed apartment , please complete two registration forms and provide the name of the other occupant. \$323 per person <input type="text"/> Price includes dinner on Thursday evening, 3 meals on Friday and Saturday, Breakfast and lunch on Sunday. Free parking is available. <hr/> Once registered you will be issued an invoice for the registration fee. You may pay by cheque or by e-transfer. We will accept payment over 3 months, paid in full by October 31 st . See information sheet. Contact CCCC Treasurer Muriel Brideau, cccctreasurer2017@gmail.com PLEASE REGISTER AS SOON AS POSSIBLE, invoice will be e-mailed.	