

SPONSOR INFORMATION 1/08

(PLEASE PRINT CLEARLY OR TYPE)
ALL INFORMATION IS STRICTLY CONFIDENTIAL

Candidate's name: _____

Sponsor's Name: _____ Phone – home:() _____

Address: _____ -work:() _____

City: _____ Zip: _____ -cell:() _____

Parish: _____ Dioc: _____ -e-mail: _____

Are you in a regular Group Reunion? Yes/No (circle one)

List Group Members: _____

***Have you introduced your candidate to an Ultreya Community? Yes/No** (circle one)

Where: _____

***Have you planned for a Group Reunion for your candidate or contacted your Parish Cursillo Rep/Ultreya Area Coordinator to find an open group? Yes/No** (circle one)

***Have you yourself recently attended a Postcursillo Program? Yes/No** (circle one)

Where: _____ **Date:** _____

Why do you want this candidate to make the Cursillo? _____

Please Describe your Candidate: (Personality, Christian Maturity, Interests, etc.)

SIGNATURE OF CANDIDATE'S PARISH REPRESENTATIVE (If no parish Rep., then it MUST be signed by the Precursillo Coordinator)

Name: _____ **Parish:** _____ **Phone: ()** _____

***Have you informed the CANDIDATE'S Parish Rep about your candidate? Yes/No** (circle one)

TO BE FILLED IN AND SIGNED BY THE CANDIDATE'S PASTOR OR

ASSOCIATE PASTOR. Dear Father: Whatever endorsing comment you can give about this candidate, especially their maturity as a person who can exert a Christian influence on others by their lifestyle, will be most appreciated and helpful in the evaluation of this candidate:

Pastor/Associate Pastor's Signature: _____

Please Mail Completed Application and Deposit to:
Deacon Doug Cook, Executive Director of Cursillo
San Antonio de Padua Church
5800 E. Santa Ana Canyon Rd, Anaheim Hills, CA 92807
Fax (714) 974-9630 or Cursillo Secretary, Mona Spencer (949) 813-6762

SPONSORS
ROSWELL

CURSILLO APPLICATION ^{1/08}

(PLEASE PRINT CLEARLY OR TYPE)

Desired Weekend Date: _____

Name: _____

Phone – home:() _____

Name wished on Name Tag: _____

-work:() _____

Address: _____

-cell:() _____

City: _____ Zip: _____

-e-mail: _____

Parish: _____ / _____ Age: _____ Birthday _____ #Children _____
(City)

Name of Spouse: _____ Occupation: _____
(Spouse must submit separate application) (If own business, please specify)

Married _____ Single _____ Separated _____ Divorced _____ Widowed _____
(Check one)

Catholic? _____ Married in Catholic Church? _____ Convert? _____ How Long? _____

EDUCATION: High School () College/University () Other ()

What Church Movements or Organizations are you involved in? Please List and indicate degree of involvement: _____

If you have friends in the Cursillo Movement (even if out of state), please list:

Name: _____ Address: _____ Phone: () _____

Name: _____ Address: _____ Phone: () _____

Please state in your own words why you wish to attend a Cursillo Weekend:

ANY HEALTH PROBLEMS THAT MIGHT AFFECT YOUR ATTENDANCE ON THE WEEKEND? Yes/No (circle one)

PLEASE SPECIFY, IF YES: _____

Medical Diet? _____ If YES, what for: _____

(Expectant mothers MUST have Doctor's written consent to attend the Cursillo Weekend)

PLEASE NOTE: This is not an acceptance. You will be contacted by your sponsor. A \$25.00 non-refundable deposit is requested with this application, which will be applied toward the requested donation of \$95.00 for the weekend. However, no qualified candidate will be turned away for lack of a donation. Please make checks payable to Cursillo.

Has your sponsor told you about Grouping, Postcursillo and Ultreyas? Yes/No (circle one)

IN CASE OF AN EMERGENCY, WHOM MAY WE CONTACT: NAME _____ PHONE: _____

YOUR SIGNATURE _____ DATE: _____

REPRODUCE APPLICATION ONLY ON WHITE PAPER

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