



CURSILLO APPLICATION CANDIDATE INFORMATION

Desired Weekend Dates:

First Choice: _____ Second Choice: _____

Candidate Name _____ Home Phone _____

Desired Name on Name Tag _____ Work Phone _____

Address _____ Cell Phone _____

City _____ Zip _____ email _____

Parish _____ City of Parish _____

Age _____ Birthday _____ #Children _____ Name of Spouse _____

Occupation _____

Married _____ Single _____ Separated _____ Divorced _____ Widowed _____

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

Education: High School _____ College _____ Other (please list) _____

Has your sponsor told you about Grouping and Post Cursillo Ultreya?

If you have friends in the Cursillo movement, please list: _____

Name _____ City, State _____

Name _____ City, State _____

Please list any health conditions that the Cursillo team should be aware of during the weekend: _____

Please list any medical dietary needs _____

In case of emergency, who should we contact?

Name _____ Cell _____ Other phone _____

PLEASE NOTE: Completion of this form is not an acceptance. You will be contacted by the Cursillo secretary once accepted. A \$50 nonrefundable deposit is requested with this application which will be applied towards the recommended donation of \$175. However, no candidate will be turned away for lack of a donation. Please make checks payable to O.C.Cursillo. Thank you.

Signature _____ Date _____