



## **CURSILLO APPLICATION** 3/22

All information is strictly confidential

Desired Weekend Dates: First Choice: \_\_\_\_\_ Second: \_\_\_\_\_

Name \_\_\_\_\_

Desired Name on Name Tag \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_ Preferred Phone \_\_\_\_\_

email \_\_\_\_\_

Parish \_\_\_\_\_ City of Parish \_\_\_\_\_

Married \_\_\_\_\_ Single \_\_\_\_\_ Separated \_\_\_\_\_ Divorced \_\_\_\_\_ Widowed \_\_\_\_\_

Married in Catholic Church? \_\_\_\_\_ Catholic? \_\_\_\_\_ Convert? \_\_\_\_\_ How Long? \_\_\_\_\_

Date of Birth \_\_\_\_\_ Name of Spouse \_\_\_\_\_

What Church Movements or Organizations are you involved with? \_\_\_\_\_

Please state in your own words why you want to make a Cursillo. \_\_\_\_\_

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 \_\_\_\_\_

Relationship \_\_\_\_\_ Cell \_\_\_\_\_ email \_\_\_\_\_

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 \$250. However, no one will be turned away for lack of a donation. Please make checks payable to O.C.Cursillo. Thank you.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Where did you hear about Cursillo? \_\_\_\_\_