



CURSILLO APPLICATION

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 _____

Are You Catholic? Yes _____ No _____

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 or pay with Zelle send to treasurer@occursillo.org. Thank you.

Signature _____ Date _____

Where did you hear about Cursillo? _____