

My sponsor is phone number- home:		phone number- home:
My name:		cell:
Street Address:	City:	State:Zip:
Age:Occupation:	Email:	
Marital Status: SingleMarriedDivorced Wid	dowed Separated Spouse Name:	
Parish Name:	Parish Address:	
Pastor's Name		
Has your spouse made a weekend? YesNo If r	not, has Cursillo and Post-Cursillo been exp	lained to your spouse? YesNo
Why would you like to make a Cursillo weekend?		
Do you suffer from any physical limitations or do you	require a special diet? (Health, Diet, Disabi	lities, Allergies, limited mobility, etc.)
Please explain:		
Has the recommended Follow-Up program of Group	Reunion & Ultreya been explained to you?	YesNo
Do you have any questions about the weekend that y	your sponsor has not been able to answer?	
Are you involved in any faith-based activities with oth	her denominations? No Yes	If Yes Please describe
Emergency Contacts: Day	Phone:	
Night	Phone:	
ontinuing program of prayer, study and action. Tl	he three-day weekend will prepare yo ironments. It will furnish you with a m I Spring (If I am una	urch. Its aim is to encourage Christian living through a out o join a supporting community of friends in Christ ethod by which you make a conscious and growing ble to attend, I would like my application to be
I ATTEST THAT I AM CATHOLIC AND CAN PAR	RTICIPATE IN THE SACRAMENTS.	
CANDIDATE SIGNATURE		DATE
PRE-CURSILLO CHAIRPERSON [Barbara Wanamaker]]:	
SPIRITUAL ADVISOR (Fr. Carlos Zapata):		DATE:

Revised: December 22, 2023 ALL CURSILLO APPLICATIONS ARE HELD IN THE STRICTEST CONFIDENCE BY THE

SECRETARIAT