



CURSILLO APPLICATION FORM



CANDIDATE

Couple Application

Women's Application

Men's Application

All information is kept confidential.

Please PRINT all information.

WOMEN

MEN

Mrs./Miss/MS _____
Preferred Name on Name Tag: _____
Address: _____
City: _____ Postal Code: _____
Phone: _____ Work: _____
Email Address: _____@_____

Age: ____ Marital Status: Married Single Widow
of Children: ____ Divorced Separated

If married, Spouse's name: _____
Has Spouse made Cursillo? Yes No
If yes, When: ____/____/____ Where: _____
If no, is he interested? _____.
Where is your place of worship?: _____
What is your Religious Denomination?: _____
Why do you wish to make a Cursillo Weekend?

Occupation: _____

Do you play a musical instrument? Yes / No

If yes, which instrument: _____

Do you have any dietary concerns, special needs or any other condition pertaining to your health that we may need to know about in order to plan appropriately (ie: allergies, vegetarian, diabetic, breathing machine, etc.).

No

Yes, please explain: _____

Signature

Date

Mr. _____
Preferred Name on Name Tag: _____
Address: _____
City: _____ Postal Code: _____
Phone: _____ Work: _____
Email Address: _____@_____

Age: ____ Marital Status: Married Single Widow
of Children: ____ Divorced Separated

If married, Spouse's name: _____
Has Spouse made Cursillo? Yes No
If yes, When: ____/____/____ Where: _____
If no, is she interested? _____.
Where is your place of worship?: _____
What is your Religious Denomination?: _____
Why do you wish to make a Cursillo Weekend?

Occupation: _____

Do you play a musical instrument? Yes / No

If yes, which instrument: _____

Do you have any dietary concerns, special needs or any other condition pertaining to your health that we may need to know about in order to plan appropriately (ie: allergies, vegetarian, diabetic, breathing machine, etc.).

No

Yes, please explain: _____

Signature

Date

You will be notified by email or by your sponsor, of acceptance prior to the weekend.

*Thank you for filling out this form and we look forward to meeting you
Please return to sponsor*

For Office Use Only

Date Received: _____

Date Approved: _____

Spiritual Director: _____

Pre Cursillo: _____

Comments: _____

Revised October 2015

Men's Cursillo weekend: Holy Name of Jesus parish.146 Talbot St. S. Essex - Date TBA, visit www.WeCursillo.com

Women's Cursillo weekend: Holy Name of Jesus parish.146 Talbot St. S. Essex - Date TBA, visit www.WeCursillo.com



CURSILLO APPLICATION FORM

SPONSOR

**Note: It is your responsibility to ensure that the entire application is filled out completely, and return it to Pre-Cursillo Director as soon as possible before the weekend.
E-mail: wecursilloapp@gmail.com**



All Information is kept confidential

Please PRINT all information Clearly

Sponsor's Name: _____ Parish: _____

Address: _____ City: _____ PC: _____

Phone:(____) _____ Alt. Phone: _____

Email: _____@_____

When and where did you make Cursillo? Year: _____ in _____

Are you presently active in Cursillo? Yes No

Are you involved in grouping? Yes No

How long have you known the candidate(s)? _____ Years

Why have you decided to sponsor this/these candidate(s)? _____

HAVE YOU EXPLAINED THE FOLLOWING:

The meaning of Cursillo? Yes No

What the weekend consists of in general? Yes No

Time Commitment? Yes No

Duration? Yes No

Cost? Yes No

What is expected of him/her/them? Yes No

Have you talked to the couple together? Yes No

Are there any concerns or history pertinent to the candidate(s) that we should be aware of? Yes No

If Yes, explain: _____

As a sponsor, I agree to bring the candidates to Cursillo on Thursday evening and be there for him/her/them at the closing and will take him/her/them home on Sunday evening. I will pray for them and keep in touch with their family during the weekend. I will take an active interest in them after the weekend by keeping in touch with them, inviting them to Ultreyas, group Reunions, Leader's School. Etc.

Sponsors Signature: _____

Date: _____