



CURSILLO APPLICATION CANDIDATE INFORMATION

(PLEASE PRINT CLEARLY OR TYPE)

Desired Weekend Dates:

First Choice: _____ Second Choice: _____

Candidate's Name: _____ Home Phone: () _____

Name Desired on Name Tag: _____ Work Phone: () _____

Address: _____ Cell Phone: () _____

City: _____ Zip: _____ Email: _____

Parish: _____ City of Parish: _____

Age: _____ Birthday: _____ #Children: _____ Name of Spouse: _____
(Spouse must submit separate application)

Your Occupation (If own business, please specify): _____

Married _____ Single _____ Separated _____ Divorced _____ Widowed _____
(check one)

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

Education: High School () College/University () Other ()

Has your sponsor told you about Grouping, Postcursillo and Ultreyas? Yes/No (circle one)

If you have friends in the Cursillo Movement (even if out of state), please list:

Name: _____ Address: _____ Phone: () _____

Name: _____ Address: _____ Phone: () _____

Any health problems that might affect your attendance on the weekend: Yes/No (circle one)

If yes, please specify: _____

Medical Diet? _____ If yes, what for: _____

If you are an expectant mother with an at-risk pregnancy, or if you have any other serious medical situation, a doctor's written consent to attend the weekend is required with this application.

In case of emergency, who should we contact?:

Name: _____ Home Phone: _____ Cell: _____

(Please include area codes)

PLEASE NOTE: This is not an acceptance. You will be contacted by the Cursillo secretary. A \$25.00 non-refundable deposit is requested with this application, which will be applied toward the requested donation of \$95.00 for the weekend. However, no qualified candidate will be turned away for lack of a donation. Please make checks payable to O.C. Cursillo.

Your Signature: _____ Date: _____



SPONSOR INFORMATION

(PLEASE PRINT CLEARLY OR TYPE)

ALL INFORMATION IS STRICTLY CONFIDENTIAL

Candidate's Name: _____

Sponsor's Name: _____ Home Phone: () _____

Address: _____ Work Phone: () _____

City: _____ Zip: _____ Cell Phone: () _____

Parish: _____ City of Parish: _____ E-mail: _____

- Are you in a regular Group Reunion? Yes/No (circle one)
- Have you introduced your candidate to an Ultreya Community? Yes/No (circle one)
Where: _____
- Have you planned for a Group Reunion for your candidate or contacted your Parish Cursillo Rep/Ultreya Area Coordinator to find an open group? Yes/No (circle one)
- Have you yourself recently attended a Postcursillo Program? Yes/No (circle one)
Where: _____ Date: _____
- Have you informed the CANDIDATE'S Parish Rep about your candidate? Yes/No (circle one)

Please briefly describe your candidate: (Personality, Christian Maturity, Interests, etc.)

SIGNATURE OF CANDIDATE'S PARISH REPRESENTATIVE (If you could not obtain a signature, please print rep's name and phone number and add your signature below the rep's name to indicate you have at least definitely informed the rep of your candidate)

Name: _____ Parish: _____ Phone: () _____

TO BE FILLED IN AND SIGNED BY THE CANDIDATE'S PASTOR/PAROCHIAL VICAR/DEACON:

Whatever endorsing comment you can give about this candidate, especially their maturity as a person who can exert a Christian influence on others by their lifestyle, will be most appreciated and helpful in the evaluation of this candidate:

Candidate's Parish Pastor/Parochial Vicar/Deacon Signature: _____

Please Mail Completed Application and Deposit to:
 Deacon Doug Cook, Executive Director of Cursillo
 San Antonio de Padua Church
 5800 E. Santa Ana Canyon Rd,
 Anaheim Hills, CA 92807

You may also fax both sides of application to Deacon Doug

Fax: (714) 974-9630

If you have any questions please call Cursillo Secretary, Mona Spencer, (949) 813-6762