

MEN'S CURSILLO APPLICATION

ALL QUESTIONS MUST BE ANSWERED IN ORDER FOR THE APPLICATION TO BE PROCESSED.
PLEASE PRINT CLEARLY.

Candidate's Name: _____ DOB: _____

Nickname: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone # (Home) _____ (Work) _____ (Cell) _____ Marital Status _____

E-Mail Address: _____ @ _____

Are you Catholic? () Yes () No Parish: _____

Why do you want to make a weekend Cursillo? _____

Spouse's Name: _____ Is Spouse Catholic? () Yes () No

Has spouse made Cursillo? () Yes () No If no, will spouse make a Cursillo? () Yes () No

If yes, when and where? _____

Employer: _____

Please indicate any health problems, special diet needs, etc. _____

Have you read the information entitled "The Cursillo Movement – What is it"? () Yes () No

Applicant's Signature: _____ Date: _____

Please give this application to your sponsor

_____ along with a \$25.00 Non-Refundable deposit.

Sponsor's Name: _____

Please understand this is only an application. You will be contacted prior to the weekend with more specific information. If you have any questions please direct them to your sponsor or the Pre-Cursillo Chairperson listed below.

Barbara Morris
1216 Elkin Avenue
New Albany, IN 47150

(812) 948-6267 bmorr43@yahoo.com

Date received by Secretariat: _____

MSF Cursillo Oct. 2017