

# WOMEN'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 b Morr43@yahoo.com

Date received by Secretariat: \_\_\_\_\_