



Filipino Group • Diocese of San Bernardino • www.SBCursillo-Filipino.org

Make a Friend... Be a Friend... Bring that Friend to Christ!

CANDIDATE APPLICATION FORM

Last Name _____ First Name _____ Nickname _____

Street Address _____ City _____ ZIP _____

Home phone _____ Email _____ Birthday _____

Cell phone _____ Work phone _____ Occupation _____

Emergency contact _____ Phone _____ Relationship _____

Marital Status _____ Spouse's Name _____ Date of marriage _____

Are you Catholic? _____ Is your Spouse Catholic? _____ Are you able to receive the Sacraments? _____

Catholic Church where married _____ City _____

Has your Spouse attended the Cursillo weekend? _____ If yes, when? _____ Where? _____

Current Parish _____ City _____

Church/Parish Ministry Involvement _____

Food Allergies, Health Needs, Medications: _____

From whom did you hear about the Cursillo? _____

Why do you want to experience the Cursillo weekend? _____

Has Group Reunion and Ultreya been explained to you by your Sponsor? _____

Sponsor's Name _____ Sponsor's Signature/Date _____

By initialing here, I authorize photos and videos to be taken of me and understand that all photos and video taken will be used for Cursillo purposes only.

Candidate's Signature/Date _____

Your application will be processed upon receipt. Once completed, you will be notified in due time prior to the Cursillo Weekend. There is a \$125.00 fee due on or before your Cursillo Weekend. Please make checks payable to: Diocese of San Bernardino.