Cursillos in Christianity

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* _____

Mobile 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? _____

_____	_____	_____
Recommending Parish Priest/Deacon	*Recommender'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*
_____	_____
Sponsor'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 $100.00 fee due on or before your Cursillo Weekend. Please make checks payable to: ***Diocese of San Bernardino****.*