



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
_____	_____	_____
	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**.