

# CURSILLO TEAM APPLICATION

## DIOCESE OF SAVANNAH

Cursillo # \_\_\_\_\_

Date of Weekend \_\_\_\_/\_\_\_\_-\_\_\_\_/\_\_\_\_

NAME		E-MAIL		
ADDRESS		CITY	ST	ZIP
HOME PHONE	CELL PHONE	DATE of BIRTH	AGE	
ANY HEALTH PROBLEMS?				
DATE OF YOUR CURSILLO, NUMBER & DIOCESE		YOUR ULTREYA LEADER		PLAY INSTRUMENT?

**PREVIOUS EXPERIENCE**

CURSILLO #	YEAR	ASSIGNMENT	TALK GIVEN

GROUPING REGULARY? Yes No WHERE & WHEN

ATTENDNG ULTREYA? Yes No WHERE & WHEN

LAST SCHOOL OF LEADERS ATTENDED?

WHY ARE YOU VOLUNTEERING?

COMMENTS?

I UNDERSTAND THAT I AM COMMITTING TO ATTEND **ALL** TEAM FORMATIONS AND TO BE PRESENT FOR THE ENTIRE WEEKEND. \*SEE CURSILLO POLICY

<b>SIGNATURE</b>	<b>TODAY'S DATE</b>
------------------	---------------------