



CURSILLO CANDIDATE APPLICATION

ROMAN CATHOLIC MEN'S WEEKEND
DATE _____

ROMAN CATHOLIC WOMEN'S WEEKEND
DATE _____

NON-ROMAN CATHOLIC MEN'S WEEKEND
DATE _____

NON-ROMAN CATHOLIC WOMEN'S WEEKEND
DATE _____

APPLICANT'S NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

TELEPHONE: HOME () _____ BUSINESS () _____

BIRTHDATE _____ AGE _____

MARITAL STATUS _____ SPOUSE'S NAME _____

LEVEL OF EDUCATION _____ OCCUPATION _____

EMPLOYER _____

DENOMINATION _____ YOUR PASTOR _____

YOUR PARISH/CHURCH _____

IN THE SPACES PROVIDED BELOW, PLEASE LIST YOUR WORK, RELIGIOUS, CIVIC AND SOCIAL ENVIRONMENTS.

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

SO THAT YOU MAY BE AS COMFORTABLE AS POSSIBLE DURING THE CURSILLO WEEKEND, PLEASE LIST ANY AND ALL SPECIAL MEDICAL OR DIETARY ARRANGEMENTS YOU MAY NEED BELOW.

NAME OF YOUR SPONSOR _____

HAS YOUR SPONSOR OR ANOTHER CURSILLO PARTICIPANT ANSWERED ALL OF YOUR QUESTIONS ABOUT THE CURSILLO AND WHAT COMES AFTER THE WEEKEND? YES NO

HAVE YOU OPENLY DISCUSSED THE CURSILLO WITH YOUR SPOUSE? YES NO

SIGNATURE OF APPLICANT _____ DATE _____

DATE OF APPLICATION RECEIVED BY LEADER-SERVANT GROUP _____

LEADER-SERVANT REPRESENTATIVE _____

PLEASE RETURN THIS APPLICATION FORM TO YOUR SPONSOR.