

MEN'S CURSILLO #65 APPLICATION

October 14th – 17th, 2010

ALL QUESTIONS MUST BE ANSWERED IN ORDER FOR THE APPLICATION TO BE PROCESSED.

PLEASE PRINT CLEARLY

Candidate's Name: _____ DOB: _____

Nickname: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone # (Home): _____ (Work): _____ Marital Status: _____

E-Mail Address: _____ @ _____

Are you Catholic? () Yes () No Parish: _____

Why do you want to make a weekend Cursillo? _____

Spouse's Name: _____ Is Spouse Catholic? () Yes () No

Has spouse made Cursillo? () Yes () No If yes, when and where? _____

If no, will spouse make a Cursillo? () Yes () No

Employer: _____

Please indicate any health problems, special diet needs, etc. _____

Have you read the information entitled "The Cursillo Movement – What is it"? () Yes () No

Applicant's Signature: _____ Date: _____

Please give this application to your sponsor along with a \$25.00 Non-Refundable deposit.

Sponsor's Name: _____

Please understand this is only an application. You will be contacted prior to the weekend with more specific information. Please direct questions to your sponsor or the Pre-Cursillo Chairperson listed below.

Don & Sue Kochert
(812) 923-5787
Sbirds1@aol.com

Date received by Secretariat: _____

MSF Cursillo- Aug. 2009