

# KENT CURSILLO APPLICATION FORM



## CANDIDATE

 Couple Application

 Womens' Application

 Mens' Application

*All information is kept confidential.*

*Please PRINT all information clearly.*

Women	Men
Mrs/Miss/Ms _____	Mr. _____
Address: _____	Address: _____
City: _____ Postal Code: _____	City: _____ Postal Code: _____
Phone: _____ Work: _____	Phone: _____ Work: _____
eMail address: _____ @ _____	eMail address: _____ @ _____
Age: _____ Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Widow # of children: _____	Age: _____ Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Widower # of children: _____
If married, Spouses name: _____ Has spouse made Cursillo? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when: ____/____/____ If no, is he interested? _____ Where: _____	If married, Spouses name: _____ Has spouse made Cursillo? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when: ____/____/____ If no, is she interested? _____ Where: _____
Where is your place of worship? _____	Where is your place of worship? _____
What is your Religious Denomination? _____	What is your Religious Denomination? _____
Why do you wish to make a Cursillo Weekend? _____ _____	Why do you wish to make a Cursillo Weekend? _____ _____
Occupation: _____	Occupation: _____
Do you play a musical instrument? Yes / No If yes, which instrument: _____	Do you play a musical instrument? Yes / No If yes, which instrument: _____
Do you have any dietary concerns, special needs or any other condition pertaining to your health that we may need to know about in order to plan appropriately (ie: allergies, vegetarian, diabetic, breathing machine, etc). <input type="checkbox"/> No Yes, please explain: _____	Do you have any dietary concerns, special needs or any other condition pertaining to your health that we may need to know about in order to plan appropriately (ie: allergies, vegetarian, diabetic, breathing machine, etc). <input type="checkbox"/> No Yes, please explain: _____
_____ Signature \ \ Date	_____ Signature \ \ Date

**You will be notified by email or by your sponsor, of acceptance prior to the weekend.**

*Thank you for filling out this form and we look forward to meeting you.*

*Please return this form to your **Sponsor**.*

### For Office Use Only

Date Received: \_\_\_\_\_

Date Approved: \_\_\_\_\_

Spiritual Director: \_\_\_\_\_

Pre-Cursillo: \_\_\_\_\_

Comments: \_\_\_\_\_



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## SPONSOR

**Note:** It is your responsibility to ensure that the entire application is filled out completely, including the Priest's/Deacon's Report and returned to the Pre-Cursillo Director as soon as possible before the weekend.

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*Please PRINT all information clearly.*

Sponsor's Name: \_\_\_\_\_ Parish: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ PC: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Alt Phone: (\_\_\_\_) \_\_\_\_\_

eMail: \_\_\_\_\_ @ \_\_\_\_\_

When & where did you make your Cursillo Weekend? Year: \_\_\_\_\_ in \_\_\_\_\_

Are you presently active in Cursillo?  Yes  No

Are you involved in grouping?  Yes  No

How long have you known the candidate(s)? \_\_\_\_\_ years

Why have you decided to sponsor this/these candidate(s)? \_\_\_\_\_

### Have you explained the following:

The meaning of Cursillo?  Yes  No

What the weekend consists of in general?  Yes  No

Time commitment?  Yes  No

Duration?  Yes  No

Cost?  Yes  No

What is expected of him/her/them?  Yes  No

Have you talked to the couple together?  Yes  No

Are there any concerns or history pertinent to the candidate(s) that we should be aware of?  Yes  No

If yes, explain: \_\_\_\_\_

As a sponsor, I agree to bring the candidate(s) to Cursillo on Thursday evening and be there for him/her/them at the closing and will take him/her/them home on Sunday evening. I will pray for them and keep in touch with their family during the weekend. I will take an active interest in them after the weekend by keeping in touch with them, bringing them to Ultreyas, Group Reunions, Leader's School, etc.

Sponsor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Priest's/Deacon's Report

**Note:** We ask you to please add your comments as this is very helpful to us. If you have any concerns, please contact our Cursillo Spiritual Advisor, the Lay Leader or the Pre-Cursillo Director. He/She/They will be pleased to talk to you.

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*Please PRINT all information clearly.*

Do you know the candidate(s) personally? Couple:  Yes  No Candidate:  Yes  No

Is the candidate(s) active parish member(s)? Couple:  Yes  No Candidate:  Yes  No

Your personal comments: \_\_\_\_\_

Priest's/Deacon's Name: \_\_\_\_\_

Parish: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

eMail: \_\_\_\_\_ @ \_\_\_\_\_

Thank you for taking the time to fill out this form and for spiritually supporting the Cursillo movement.