

MASSACHUSETTS EPISCOPAL CURSILLO MINISTRY
CLERGY FORM

PLEASE FILL OUT THIS FORM LEGIBLY AND SUBMIT TO THE SPONSOR FOR PROCESSING.

Candidate's Name _____

Is this person prepared for a Cursillo Weekend? _____

Have you attended a Cursillo Weekend ? _____

If so, where and when _____

Clergy's Printed Name _____

Clergy's Signature _____ **Date** _____

Address _____

Street

City/Town

State

Zip

Phones: Home _____ **Cell** _____

Email _____

Name of Clergy Parish _____

Address _____

Street

City/ Town

State

Zip