

MASSACHUSETTS EPISCOPAL CURSILLO®

CANDIDATE'S APPLICATION

Please consider this application for the next Cursillo weekend.

IMPORTANT: IF THIS APPLICATION IS NOT SUBMITTED BY THE SPONSOR WITH THEIR APPLICATION, IT WILL DELAY PROCESSING.

NOTE

The weekend cost is \$200.00. You may pay in full with this application or send a \$100.00 deposit (\$25.00 non-refundable) with this application and pay \$100.00 when registering. You will be notified of the specific dates and times as well as other details of the Cursillo after your application has been processed. The weekend lasts from Thursday, 7:30 p.m. – Sunday, 3:00 p.m.

It is important that you type or print clearly

Complete all items  then return this application to your sponsor.

Name: _____ Gender M F Date of Birth: _____

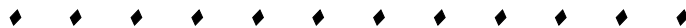
Name To Be Called: _____ Sponsor's Name: _____

Address: _____
Street City/Town State Zip

Telephone: _____ Email: _____

Marital Status: _____ Occupation: _____

Employer: _____ Business Telephone: _____



Parish: _____

Pastor: _____ Religious Affiliation: _____

Approximate Date of Baptism: _____

In what Christian or leadership activities are you involved? _____

Revised May 15, 2014

Please Answer the Following Questions
(Use additional sheets if necessary)

1. Please make a statement about your physical and mental health status, including any restrictive diet or disabilities. _____

2. Why do you want to make a Cursillo? _____

3. Please give details of any organized renewal experience you have had. _____

4. Has your sponsor explained Cursillo and “post-weekend involvement” to you and (if applicable), to your spouse? Yes No

5. Has your spouse made Cursillo? Yes No

If yes, where and when? _____

If not, does he/she plan to? Yes No

If not, why? _____

Note to candidate and sponsor: The following box MUST be completed.

Applicant’s Signature: _____ Date _____

Sponsor’s Signature: _____ Date _____

Co-Sponsor’s Signature: _____ Date _____

Pastor’s Signature: _____ Date _____

Pastor’s Name (please print): _____

Address: _____
Street City/Town State Zip

NOTE: Electronic equipment is not welcome on the weekend. If you must bring your cell phone, please leave it turned off and in your room so as not to disrupt or disturb others on the weekend.

FOR OFFICE USE ONLY

Date Application Received: _____ Acknowledgement Date: _____

Deposit of: _____ Cursillo date: _____

Acceptance Notification Sent On: _____ Sponsor Notified On: _____