



Diocese of Grand Rapids Michigan

APPLICATION TO PARTICIPATE IN A CURSILLO WEEKEND

Applicant: Please fill in all of the requested information and use block letter printing.

Name: _____

Address: _____

Home Phone #: (_____) _____ /Emergency #: (_____) _____

Age: _____ Occupation: _____ email: _____

Do you have a nickname that you would prefer to be printed on your badge?: _____

Marital Status: Married _____ Single _____ Widowed _____ Divorced _____ Separated _____

If married: Is your spouse Catholic? (Y) (N) Were you married in the Catholic Church? (Y) (N)

Spouse's name: _____

How did you hear about Cursillo? _____

Have you ever attended a Cursillo Weekend? (Y) (N)

Has your spouse attended a Cursillo Weekend? (Y) (N)

Name & City of the Parish you attend: _____

Church activities that you are involved in: _____

Do you have any allergies and/or diet, health or mobility issues? _____

Has your sponsor explained the goal of the Cursillo Movement, Group Reunion and Ultreya? (Y) (N)

Briefly explain why you wish to participate in a Cursillo: _____

Signature: _____ Date: _____

Send completed form to:
Mary Reno
7333 Karner Dr. Greenville 48838
Email mreno03@yahoo.com



Candidate's Pastor's Recommendation

Pastor's Name: _____

Parish: _____

Do you recommend this person as a candidate to participate in Cursillo? Y or N

Comments: _____

Signature: _____ Date: _____

Sponsorship is a privilege that carries with it a serious Christian responsibility!

SPONSOR'S PORTION OF THE CURSILLO APPLICATION (Fill out completely using block printing)

Sponsor's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone () _____ Work Phone: () _____

E-Mail: _____ Year & # of your Cursillo _____

Are you active in Group Reunion Y or N School of Leaders Y or N Ultreya Y or N

Do you know this candidate well? Y or N For how long? _____

Is the candidate baptized and able to receive the sacraments? Y or N

Mental, Emotional, or Health concerns? _____

Describe the candidate's personality: _____

Why are you recommending this candidate?

Signature: _____ Date: _____

Send completed form to:
Mary Reno
7333 Karner Dr. Greenville 48838
Email mreno03@yahoo.com