



Diocese of Grand Rapids Michigan

APPLICATION TO PARTICIPATE IN A CURSILLO WEEKEND

Part 1 of 2 To be Completed by Applicant (Please fill in using block letter printing.)

Name: _____

Street Address: _____ City _____ Zip _____

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 or ministries 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:

Rose Compo
604 S. Broas St.
Belding, MI 48809
Email: koala2457@yahoo.com
Phone: 616-824-0701



**Cursillo Application Part 2 of 2
To Be Completed by Sponsor**

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: _____

Sponsorship carries certain responsibilities. Please ask if you have any questions.

Please send completed form to:
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