

CANDIDATE APPLICATION CURSILLO WEEKEND # _____

Cursillo In Christianity Movement of the Archdiocese of Detroit

Confidential (Internal Use Only)

Male (___) Female (___)

PLEASE PRINT CLEARLY:

Name _____
Last First Middle

Preferred Name/Nickname _____

Address _____ D.O.B. ____/____/____

City State Zip Code Age _____

*Best Phone number: (____) _____ *E-mail _____

Marital Status: Married (___) Single (___) Spouses name, if married _____

Has spouse attended Cursillo? Yes (___) No (___) When: ____/____/____ Where: _____

Anniversary date ____/____/____ No. of children _____ Ages: _____

Employer _____ Occupation _____

Any emotional or physical health issues? Yes (___) No (___) If yes, please include a brief explanation below

Please include a list of prescription medications _____

Do you have any special dietary requirements? If yes, please check or describe below

(___) Vegetarian (___) Gluten Free (___) Dairy Free (___) Other _____

Has your sponsor told you about opportunities for spiritual growth beyond your Cursillo weekend? Yes (___) No (___)

Are you of the Catholic Faith? If yes, what Rite? _____ Yes (___) No (___)

Parish _____ City _____

Sponsor _____ Phone _____

Organizations to which you belong:

Professional _____

Religious _____

Other _____

I understand that the Detroit Cursillo Movement is Catholic and is dedicated to Christian Motivation. I am willing to take part in the weekend knowing that it consists of 3 days and 3 nights and that my continuous presence is required. I expressly waive all claims against the Detroit Cursillo Movement, or their representatives, on account of any accidents, injury, illness, or other damage that may occur in connection with or incidental to my attendance on the weekend.

(___) PLEASE INITIAL

Name of Emergency Contact _____ Phone _____

Total cost of the weekend is \$235. Please return completed application to your sponsor with a \$50 deposit or make the entire payment of \$235. Please make check payable to " **DETROIT CURSILLO**".