

APPLICATION

A \$25.00 non-refundable deposit must accompany this application.

**** Please make check payable to Diocese of Central Florida with Cursillo on the memo line.**

Name _____ Preferred name _____ Sex: M F

Address _____ Date of Birth _____

City _____ Zip _____ Occupation _____

Telephone: day (____) _____ evening (____) _____ cell (____) _____

E-mail _____

Marital status _____ Name of spouse _____

Has your spouse attended Cursillo? Y N If yes, where? _____

Is your spouse's application being submitted at this time? Y N

Parish of which you are a member _____

Address _____ City _____ Zip _____

Have you been baptized? Y N Where? _____

How often do you attend church services? _____ Holy Communion? _____

In what religious groups or activities do you participate? Continue on the back if necessary _____

Do you realize that you are being asked to join a community center in Jesus Christ? Y N

How do you hope Cursillo will benefit you? _____

Hobbies _____

Do you require a special diet? _____

Have you any emotional or physical situations that might make your Cursillo difficult? _____

Do you have allergies? Y N Foods _____

Perfume _____ cigarette smoke _____ other _____

Is there anything else we should be aware of in order to make your weekend more comfortable? _____

Sponsor's Name _____

Sponsor's Telephone: day (____) _____ evening (____) _____ cell (____) _____

Candidate's signature

date

Applications are kept on file for three years. A new application and \$25 fee will be required if you have been unable to attend within the 3 years.