



THE URSILLO MOVEMENT

APPLICATION FOR CURSILLO (ENGLISH) Archdiocese of New York

The following information is requested in order that we may better serve you and the Cursillo Movement. Please print or type your answers; if additional space is required, add an additional sheet.

LAST NAME		FIRST		M.I.	MALE ____ FEMALE ____
STREET ADDRESS		APT. #	CITY, STATE, ZIP		
TELEPHONE – Cell ()	TELEPHONE – Home ()		E-MAIL ADDRESS		
MARITAL STATUS		AGE	EDUCATION		
IF YOU ARE MARRIED, WHERE AND WHEN DID, OR WILL, YOUR SPOUSE MAKE CURSILLO?			OCCUPATION		
HOW LONG HAVE YOU BEEN A CATHOLIC?	PARISH NAME		PARISH LOCATION (CITY/STATE)		
Specify any church activities in which you have been involved (such as CFM, CCD, Charismatic Renewal, Eucharistic Minister, Parish council, K of C, CTA, Legion of Mary, Cornerstone, Young Adults, TFC Music, etc.).					
Specify any community activities in which you have been involved (such as Scouting, PTA, Big Brothers, Hospital Volunteers, political organizations, homeless, etc.).					
Considering that the weekend will include three FULL days of activity, please indicate any physical disabilities and/or chronic or emotional illness which might interfere with your participation (e.g. diabetes, depression, need of wheelchair, special accommodations needed, etc.).					

Please complete information on page 2 →

Date received

Date Accepted

Ultreya Area

To best ensure that the Cursillo weekend will be an enjoyable and valuable experience for you and everyone concerned, kindly provide the following information. Please note: Your answers will be held in strict confidence.

Give a brief frank statement of **why** you wish to experience a Cursillo weekend and what you expect to gain from it.

If you are in recovery (widowed, divorced, alcohol or drug recovery, receiving psychological counseling, etc.) It is recommended that you wait at least 12 months before making a Cursillo weekend. Do any of the above situations apply to you? No ____ Yes ____ (If YES, please elaborate)

Will you require any special assistance on the weekend? No ____ Yes ____ (if YES, please explain)

Do you require a special diet? No ____ Yes ____ (if YES, please explain)

SPONSOR INFORMATION

YOUR SPONSOR'S NAME	YOUR SPONSOR'S TELEPHONE #
YOUR SPONSOR'S ADDRESS	YOUR SPONSOR'S CITY, STATE, ZIP

X _____
YOUR SIGNATURE

NOTE: Please forward completed application to your sponsor with a \$40.00 deposit check to be applied to the cost of the weekend. Make check payable to **NY Cursillo (English)**.