



YOUNGSTOWN CURSILLO-DIOCESE OF YOUNGSTOWN

APPLICATION

CANDIDATE

Last _____ First _____ MI _____ Nickname for badge _____
Birthdate _____ Anniversary Date _____ Sex M _____ F _____
Street _____ City/State _____ ZIP _____
Phone (H) _____ (W) _____ Parish _____ City _____
e-mail _____

EDUCATION: HIGH SCHOOL _____ COLLEGE _____

EMPLOYER _____

HOBBIES/INTERESTS _____

COMMUNITY/CHURCH ACTIVITIES _____

SINGLE _____ WIDOWED _____ DIVORCED/SEPARATED _____ CLERGY _____ RELIGIOUS _____

MARRIED _____ SPOUSE'S NAME _____ HAS SPOUSE MADE CURSILLO? N _____ Y _____

IS SPOUSE CATHOLIC? N _____ Y _____ OTHER _____ NUMBER OF CHILDREN _____

CAN YOU RECEIVE THE SACRAMENTS? N _____ Y _____ CAN YOUR SPOUSE? N _____ Y _____

HAS THE CURSILLO MOVEMENT AND THE FOURTH DAY BEEN EXPLAINED TO YOU? N _____ Y _____

WHY DO YOU WISH TO ATTEND A CURSILLO? _____

LIST ANY FOOD RESTRICTIONS OR DIETARY REQUIREMENTS _____

ARE THERE ANY ADVERSE HEALTH OR PHYSICAL CONDITIONS THAT WE NEED TO BE AWARE OF? _____

DO YOU HAVE ANY SPECIAL MEDICINE AND/OR DIETARY TIME REQUIREMENTS? IF YOU DO, PLEASE NOTE ON THIS APPLICATION _____ DO YOU SMOKE? N _____ Y _____

DO YOU PLAY A MUSICAL INSTRUMENT? IF YES, WHICH INSTRUMENT? _____

PLEASE NOTE THERE IS A SUGGESTED DONATION OF \$75 FOR ALL CURSILLO PARTICIPANTS

CANDIDATE'S SIGNATURE _____ DATE _____

SPONSOR

Last _____ First _____ MI _____ Parish _____

Street _____ City/State _____ ZIP _____ Phone (H) _____

(W) _____ e-mail _____ Cursillo attended _____ City _____

SPONSOR'S SIGNATURE _____ DATE _____

PRIEST'S SIGNATURE _____ PARISH _____

PARISH REPRESENTATIVE'S SIGNATURE _____ DATE _____