

CANDIDATE'S APPLICATION
PLEASE PRINT AND COMPLETE ALL INFORMATION

**The Catholic Cursillo Movement
of the Archdiocese of Atlanta**

Name (First, Last):

Preferred First Name for Name Tag:

Address **Street, City, St. Zip:**

Telephone Home:

Telephone Cell/Work:

E-Mail Address:

Age: Marital Status: Single Married Divorced Widowed

Present Parish or Church:

Please list other religious movements or apostolic groups in which you are involved (i.e.) Charismatic, Marriage Encounter, Knights of Columbus, Legion of Mary, etc.) and indicate the level of involvement

Profession / Work:

Years In Current Position:

Spouse's Cursillo: When:

Where:

Please List Any Physical Limitations, Medical Conditions, Allergies Or Anything Which Might Cause Difficulty During The Cursillo Weekend Or Which Might Require A Special Diet:

Do You Smoke? Yes No

List Friends You Know Who Have Made a Cursillo:

Please State In Your Own Words Why You Wish To Make A Cursillo:

Has The Follow-Up Program Of Small Group Sharing (Group Reunion) & The Larger Community Gathering (Ultreya) Been Explained To You? (Select One) Yes No

What Is Your Understanding Of These Two Christian Communities (Group Reunion and Ultreya)?

Signature and/ or Name of Applicant:

Date of Application:

You will be contacted when a space is available for you on a particular Cursillo Weekend.

Cursillo is supported by donations. You will have an opportunity on the weekend to make a donation.

**PLEASE GIVE THIS APPLICATION TO YOUR SPONSOR, WHO WILL FORWARD IT TO THE
PRE-CURSILLO COMMITTEE.**

THANK YOU AND GOD BLESS YOU.

Rev. 02/06/2017