



CANDIDATE APPLICATION CURSILLO WEEKEND # _____

Cursillos In Christianity of the Archdiocese of Detroit

Confidential (Internal Use Only)

Please Type Information then Print and Mail:

Full Name _____
Last First Middle Initial

Name Tag - First Name: _____ Male () Female () D.O.B. ____/____/____ Age ____

Address _____
City State Zip Code

Cell Number: _____ Valid E-mail: _____

*Contact from Pre-Cursillo will be forthcoming. Please pick your contact preference: Text () Email ()

Married () Widowed () Single () Number of Children and Ages: _____

Spouse Name: _____ Has spouse attended Cursillo? Yes () No ()

Employed () Retired () N/A () Former or Current Occupation: _____

Please list any physical limitations, medical conditions or anything else that may cause difficulty during your Cursillo weekend: _____

Do you have any special dietary requirements or specific food allergies? Yes () No ()

If yes, please check and detail below:

Vegetarian () Gluten Free () Vegan () Dairy Free () Nuts () Nuts Airborne () Food Allergies ()

Please Specify: _____

Sponsor Name: _____ Cell Number: _____

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

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

Current Parish: _____ City: _____

Religious and/or Professional Organizations to which you belong: _____

Please state in your own words why you wish to make a Cursillo: _____

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

Emergency Contact Name: _____ Cell Number: _____

List of Prescription Medications: _____

Full payment or deposit is due when submitting application. Mailing information and the amount due is provided on our website, cursillodetroit.com, under "forms". If you have any questions please contact your sponsor or our Pre-Cursillo Coordinator, Chris Wesley, at 248-877-1855.

I will be submitting: Full Amount of: \$_____ Deposit of: \$_____ (balance due at Thursday night check-in)