



CANDIDATE APPLICATION CURSILLO WEEKEND # _____

Cursillos In Christianity of the Archdiocese of Detroit

Confidential (Internal Use Only) **If computer allows, please type-in information below then print. Submitting instructions provided on the website under "Forms"**

Full Name _____
Last First Middle Initial

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

Address _____ City _____ State _____ Zip _____

Cell Number: _____ Valid E-mail: _____

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

PLEASE NOTE: whichever method you choose, it is important you check for correspondence often.

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 food allergies? No () Yes () If yes, please check and detail below:

Vegetarian () Gluten Free () Vegan () Dairy Free () Tree Nuts () Peanuts () Nuts Airborne ()

Food Allergies () Please Specify: _____

Sponsor Name: _____ Cell Phone: _____

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 ()

Parish: _____ City: _____

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

Please state in your own words why you wish to live 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

*** Please remember to submit the required Marysville Liability Waiver located on the website under "Forms".**

Emergency Contact Name: _____ Cell Number: _____

List of Prescription Medications for Emergency Use Only: _____

Full donation amount or deposit is due when submitting application. Donation instructions provided on the website under "Forms".

Please Specify:

Submitting ONLINE: Full Amount (___) \$100 Deposit (___)

Submitting by MAIL: Full Amount (___) \$100 Deposit (___)

Balance due at Thursday night check-in.

If you have any questions please contact your sponsor or our Pre-Cursillo Coordinator, Chris Wesley, at 248-877-1855.