



CURSILLO IN CHRISTIAN LIVING
ROMAN CATHOLIC DIOCESE OF ALBANY
WEEKEND APPLICATION

Please print clearly (use reverse side if necessary)

Name: _____ Preferred Name: _____

Address: _____ City/State/Zip: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Date of Birth: _____ Parish: _____

Marital Status: _____ Spouse's Name (if applicable) _____

Has Spouse Attended a Cursillo Weekend? yes no wishes to in future

Emergency Contact Information:

Name: _____ Relationship: _____

Home Phone: _____ Cell #: _____ Work #: _____

Please list any church organizations or movements in which you are currently active.

Why do you want to attend a Cursillo weekend?

What is your understanding of our follow up programs (Group Reunion & Ultreya)

Do you have any issues or needs which need special accommodations? (Diet, Disabilities, etc.)

no yes (please explain)

I have read and understand everything contained in this application.

Signature: _____ Date: _____

TO BE COMPLETED BY SPONSOR

Sponsor's Name: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Sponsor's Signature: _____

PLEASE USE REVERSE SIDE FOR ANY FURTHER INFORMATION CONCERNING THIS CANDIDATE