

**Application for Cursillo Candidate**  
**Catholic Diocese of Lexington**

So we can best serve your needs, please fill this application out completely. If you have any questions about the Application, contact your sponsor or the Pre-Cursillo Chair, Kerri Baunach (859-576-1119 or [lexprecursillo@gmail.com](mailto:lexprecursillo@gmail.com)). We want you to feel comfortable in your basic understanding of Cursillo prior to making the Weekend so do not hesitate to ask questions. To reserve your room for the Weekend, we need a \$50 deposit with your completed application. Check or money orders should be made out to Diocese of Lexington Cursillo. Please return this completed application with your deposit to your sponsor, or you can mail them directly to Kerri Baunach, Pre-Cursillo Chair, 313 Masterson Station Dr., Lexington, KY 40511.

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Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Primary Telephone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Occupation: \_\_\_\_\_

Parish: \_\_\_\_\_ Pastor: \_\_\_\_\_

Sponsor's Name: \_\_\_\_\_

Baptismal Date: \_\_\_\_\_ Confirmation Date: \_\_\_\_\_ (dates can be approximate)

How many years have you been a Catholic? \_\_\_\_\_

Are you married?  Yes  No Date Married: \_\_\_\_\_

Spouse's Name: \_\_\_\_\_

Is spouse Catholic?  Yes  No How many years has he/she been a Catholic? \_\_\_\_\_

Has he/she made a Cursillo Weekend?  Yes  No

If yes, when and where was it made? \_\_\_\_\_

If no, is your spouse interested in making a Cursillo weekend?  Yes  No

Please list any Parish ministries or other church-related activities with which you are currently involved: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are you involved in any other religious movement or order?  Yes  No

If yes, please list: \_\_\_\_\_

\_\_\_\_\_

Please list any additional professional, business, or civic organizations to which you belong:

\_\_\_\_\_

\_\_\_\_\_

Please list any food allergies or other special dietary needs that we should know about as we prepare menus for the weekend: \_\_\_\_\_

\_\_\_\_\_

Do you have any special physical or medical needs?  Yes  No

If yes, please specify: \_\_\_\_\_

\_\_\_\_\_

Do you need a handicap accessible room?  Yes  No

(Please note: all handicap accessible rooms are private rooms only.)

Do you smoke?  Yes  No Does smoke bother you?  Yes  No

Do you understand that the purpose of this Weekend is to prepare you to better evangelize the environments (e.g. family, work, parish) of which you are a part using the support tools of Group Reunion and Ultreya?  Yes  No

Are you open to joining a small group and participating in the Ultreya in your area with your sponsor's help?  Yes  No

Please tell us why you want to make the Cursillo Weekend: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Preferred room type:  Private  Share  Handicapped Accessible (private)

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_