



The FILIPINO CURSILLO MOVEMENT of San Diego
Diocese of San Diego, California
CANDIDATE APPLICATION FORM

Men's Women's Class Number: _____ Date: _____

Name of Applicant: (Last, First, MI) _____

Nickname: _____ Date of Birth: _____

Address: _____

City: _____ St: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____ E-Mail: _____

Occupation: _____ Education: None High School College Post Graduate

Name of Spouse: _____

Are you a practicing Roman Catholic? Yes No Parish: _____

Marital Status: Single Married Separated Widowed Divorced

Are you married in the Roman Catholic Church? Yes No

Place of Marriage: _____ Date of Marriage: _____

(Please provide a copy of the Roman Catholic Church marriage certificate to be attached to the application.)

Are you a member of any organization NOT sanctioned by the Roman Catholic Church? Yes No

Do you attend Mass? Yes No Receive Communion? Yes No Go to Reconciliation? Yes No

Membership in Religious Organization(s): _____

Membership in Civic / Community Organization(s): _____

Reason for attending the Cursillo weekend: _____

Do you have food allergies or special diet needs? Yes No *(If yes, please specify)* _____

Are you presently taking medication? Yes No *(If yes, Please list and specify for what.)* _____

Please inform us of your medical concern, if any _____

(This is only to alert our Medical Officer during the Cursillo weekend. Failure to notify us of your medical condition may result in a delay in processing application)

PERSON TO BE CONTACTED IN CASE OF EMERGENCY:

Name: _____ Relationship: _____ Phone No: _____

Physician's Name: _____ Phone No: _____

Disclaimer: The Filipino Cursillo Movement of San Diego is not responsible for any form of illness contracted, accident which may cause loss of life or any part of the body, or loss of damage to personal belongings during the three day weekend retreat.

The information requested is intended for the exclusive use of the Filipino Cursillo Movement and will not be used for any other purpose.

Signature of Applicant _____ Date _____

****Non-refundable Registration Fee to be paid with this application: \$25.00*** Check# _____ Cash

Balance of Weekend Fee to be paid on or before the Cursillo Weekend Class: \$50.00 Check# _____ Cash



The **FILIPINO CURSILLO MOVEMENT** of San Diego
Diocese of San Diego, California
SPONSOR INFORMATION SHEET

INSTRUCTIONS: *The purpose of the Cursillo is to Christianize environments. It is therefore mandatory that utmost care be observed in the selection of new candidates. The form below is designed to assist as much as possible in this process. Answer all questions thoroughly, accurately, and in detail. Please type or print in ink.*

Sponsor's Name: _____ Home Phone: _____

Address: _____ City: _____ St: _____ Zip Code: _____

Parish: _____

Relationship with Candidate: _____

Why do you believe this candidate can be a potential Christian leader? Please explain in detail

Candidate's Leadership Qualities:

Please comment on any problems the candidate may have (i.e. Moral, Emotional, Mental, Physical, Substance Abuse)

I understand the responsibilities of a sponsor and pledge that with the help of Christ, I will do my best to encourage my candidate to attend our Ultreyas and Group Reunion. I will deliver the candidate to and from the Cursillo house as required.

Signature: _____ Date: _____

Actively attending Group Reunion at

Note: Sponsor to insure that the candidate has read the booklet "Cursillo, What is it?" & understand its contents.

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RECOMMENDED FOR ADMISSION: _____ (Signature of Parish Priest) _____ (Date)

ENDORSEMENT OF DIOCESAN SECRETARIAT: _____ (Signature of Spiritual Advisor) _____ (Date)

Notes / Comments (*Pre-Cursillo Use Only*):

