

EPISCOPAL CURSILLO DIOCESE OF FLORIDA
CANDIDATE APPLICATION FORM

Name: _____

Address: _____

Home Phone: Area Code:____ Number:_____ Work: Area Code:____ Number:_____

Your E-mail address:_____

Are you a Baptized communicant of the Episcopal Church: (circle one) Yes No

Sponsor's Name:_____ Sponsor's Phone: **Hm** : _____ **Wk** : _____

Sponsor's Address:_____ City/Zip :_____

Your Parish:_____ Parish Phone: _____

Your Rector:_____ Rector's Home Phone:_____

Name that you like to be called:_____ Your Sex:(circle one): male female

Parish Activities:_____

Who to contact *other than your spouse* in an emergency:

Name:_____

Phone: A/C:____ Number:_____ Relationship:_____

HobbiesISpecial Interests:_____

Applicant's Date of Birth:_____ Marital Status*:_____

Occupation:_____ Spouse's Name:_____

*NOTE: The Cursillo is **an** experience intended to be shared. For this reason husbands and wives are asked to fill out applications and send them in **together** even though there are separate weekends for men and women. The husband is expected to attend his Cursillo weekend before the wife attends her weekend.

Please tell us of any physical limitations, medications, special diets, overweight, diabetic, claustrophobic, etc. that we need to know about in order to plan ahead to make your weekend as comfortable and convenient as possible.

What do you personally expect to receive from Cursillo?

Have the follow-up programs of grouping and ultreyas been explained to you?

Signature:_____ Date:_____

BE SURE YOUR APPLICATION IS COMPLETE.....THEN GIVE IT . TO YOUR SPONSOR Your sponsor **will** forward your application. You should understand **that** this application **in** not for a specific weekend. After your application has been received you will be notified of a specific date and location for your Cursillo weekend