



Filipino Group • Diocese of San Bernardino • www.SBCursillo-Filipino.org

Make a Friend... Be a Friend... Bring that Friend to Christ!

CANDIDATE APPLICATION FORM

Last Name _____ First Name _____ Nickname _____

Street Address _____ City _____ Zip _____

Home Phone _____ Email _____ Birthday _____

Mobile Phone _____ Work Phone _____ Occupation _____

Emergency Contact _____ *Phone* _____ *Relationship* _____

Marital Status _____ Spouse's Name _____ Date of Marriage _____

Are you Catholic? _____ Is your Spouse Catholic? _____ Are you able to receive the Sacraments? _____

Catholic Church where married _____ City _____

Has your Spouse attended the Cursillo weekend? _____ If Yes, When? _____ Where? _____

Current Parish _____ City _____

Church/Parish Ministry Involvement _____

Food Allergies, Health Needs, Medications: _____

From whom did you hear about the Cursillo? _____

Why do you want to experience the Cursillo weekend? _____

Has Group Reunion and Ultreya been explained to you by your Sponsor? _____

Recommending Parish Priest/Deacon Recommender's Signature Date

Candidate's Signature Date

Sponsor's Signature Date

Your application will be processed upon receipt. Once completed you will be notified in due time prior to the Cursillo Weekend.
There is a \$100.00 fee due on or before your Cursillo Weekend. Please make checks payable to: **Diocese of San Bernardino.**