



Diocese of Savannah, GA Cursillo Movement

New Cursillista Registration

Secretariat Use Only

Date Received _____

Payment Received _____

Form of Payment _____

Cursillo # _____ M ___ W ___

To participate in a Cursillo Weekend you must be a Baptized Catholic.

This section is to be completed by applicant. After you have completed your information, please give your form to your sponsor. All information will be treated as confidential. Cost: \$150 Checks made payable to: Diocese of Savannah

Cursillo

The Cursillo Movement is an instrument of the Catholic church for Evangelization and Revitalization of Christian life. It involves a restructuring of people's lives through an ongoing program of support and sharing. Cursillo is more than a short retreat. This 3-day weekend experience will introduce you to a support community of friends in Christ whose perseverance is aimed at Christianizing its environment to make the world a better place. In registering to attend, we ask that you prayerfully consider your purpose for attending and that you be open to the total experience including the support system of Group Reunion and Ultreya, which will be explained by your sponsor.

Why do you want to attend a Cursillo weekend? _____

Full Name: _____ Age: _____ DOB: _____

Preferred Name for Nametag: _____

Mailing Address: _____ City: _____ ST: _____ ZIP: _____

Home Phone: _____ Cell Phone: _____

Email: _____ Marital Status: _____

If Married, Spouse's Name & Religion: _____

Has Spouse made Cursillo? Y / N If yes, when & where: _____

Home Parish: _____ City: _____ ST: _____

Emergency Contact: _____ Relationship: _____

Cell Number: _____ Alt. Number: _____

Medical Information:

Do you require any physical assistance? _____ If yes, please specify: _____

Do you have any special dietary needs? _____

Is there anything else you'd like to share? _____

Your Signature: _____ Date: _____

TO BE COMPLETED BY SPONSOR:

Sponsor's Name: _____

Address: _____ City: _____ ST: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Home Parish: _____ City: _____ ST: _____

Yes _____ NO _____ I have read and agree with the "Sponsor's Booklet" and follow-up commitments.

Yes _____ NO _____ I am active in a Group Reunion.

Yes _____ NO _____ I regularly attend Ultreya. Where: _____

When: _____

If you answered 'NO' to any of the requirements, you will need a co-sponsor for your candidate.

Any additional comments about your candidate: _____

TO BE COMPLETED BY REGISTRANT'S ULTREYA LEADER:

Church Name: _____

Address: _____ City: _____ ST: _____ Zip: _____

Church Phone #: _____ Ultreya Leader Email: _____

Ultreya Leader Name: _____

Ultreya Leader Signature: _____

Cursillo # _____ When: _____ Where: _____

Additional Comments: _____

Please return completed forms to:



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