

Filipino Group – Diocese of San Bernardino – www.sbcursillo-filipino.org

AUXILIARY APPLICATION FORM

Last Name:	First Name:	Nickname:	
Address:	Phone #:	Date of Birth:	
Emergency Contact:	Phone #:	Email:	
Occupation:	Marital Status:	Spouse:	
Parish:	City:		
Where did you live your Curs	sillo weekend?	Diocese:	
Table Saint:	Class Year:	Class Number:	
List the functions you have so	erved in and # of times served d	uring the 3 – Day weekends	
(Function) 1.		(# of times)	
2			
3			
4			
5.			
To be considered for the 3 -D	ay weekend team, you must:		
Be a CursillistaBe an active and practice	cticing Catholic		
 Be attending the Scho Attend all the team for 		preparation of the 3 – Day weekend	
Attend an the team to Attend Group Reunio	•	preparation of the 3 – Day weekend	
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 \$200.00 fee due on or before your Cursillo Weekend. Please make checks payable to: Diocese of San Bernardino. (2024 Version)