

KALAMAZOO NEW CURSILLISTA INFORMATION FORM

Name _____ Nickname _____ Sex ____ Birth Date _____
Address _____ City _____ State ____ ZIP _____
Cell Phone _____ Email _____
Occupation _____ Emergency Contact _____ Emergency Phone _____
Are you Catholic? (Yes) (No) Do you have a home Parish? (Yes) (No)
If yes, which Parish/City _____ Pastor's Name _____
Specific health problems or dietary needs requiring special attention during the weekend (medical, CPAP machines etc) _____
Organizations and activities you are currently involved in (Church, civic, professional, volunteer) _____
Hobbies or interests _____
Marital Status (S) (M) (D) (W) Spouse's Name _____
Is your spouse Catholic? (Yes) (No) Has your spouse made a Cursillo? (Yes) (No)
Do you have a sponsor? (Yes) (No) Has your sponsor explained Group Reunion? (Yes) (No)
Has your sponsor explained Ultreya? (Yes) (No)
Why are you interested in making a Cursillo Weekend? _____

I understand that the purpose of the Cursillo Movement is to promote the creation of core groups of Christians, who are committed to changing their environments, by living the message of the Gospel; that the weekend is a “short course” in Christianity; and that my commitment to Group Reunion and Ultreya can assist me in bringing Christ to the world in which I live, work and play.

The COST for the weekend is approximately \$200 per participant, which includes 3 nights lodging, meals and materials at the Amigo Centre, 26455 Banker St, Sturgis, MI 49091. We hope that everyone will understand “cost” should not prohibit anyone from participating in the Cursillo 3-day weekend. If possible, please pay in advance; however, an opportunity to donate will be provided during the Weekend. We ask that you pay what you can, if you can, when you can. This allows us to stay sustainable and continue to offer Cursillo. We believe in the Cursillo message and feel we must continue to share with all who are open to hear it. Should the event need to be cancelled, payment will be fully refunded.

Please make check payable to:
DIOCESE OF KALAMAZOO and write CURSILLO on the memo line.

NOTE: FOR THE SAFETY OF ALL INVOLVED, COMPLIANCE WITH ALL GOVERNMENTAL AND EVENT SITE COVID-19 RESTRICTIONS AND PROTOCOLS IN EFFECT ON THE DATE(S) OF THE EVENT WILL BE MANDATORY.

I have read and understood the above statements and answered all questions honestly and as completely as possible.

Applicant's Signature _____ Date _____
Sponsor's Name _____ Sponsor's Email _____

Please return your completed application to your Sponsor. If you do not have a Sponsor, please return to: Michael Metzger, 1874 Anthony Dr, St Joseph, MI 49085 or mlm1976nd@gmail.com