

CURSILLO TEAM APPLICATION

DIOCESE OF SAVANNAH

Cursillo # _____

Date of Weekend ____/____-____/____

NAME		E-MAIL		
ADDRESS		CITY	ST	ZIP
HOME PHONE	CELL PHONE	DATE of BIRTH	AGE	
ANY HEALTH PROBLEMS?				
DATE OF YOUR CURSILLO, NUMBER & DIOCESE		YOUR ULTREYA LEADER		PLAY INSTRUMENT?

PREVIOUS EXPERIENCE

CURSILLO #	YEAR	ASSIGNMENT	TALK GIVEN

GROUPING REGULARY? Yes No WHERE & WHEN

ATTENDNG ULTREYA? Yes No WHERE & WHEN

LAST SCHOOL OF LEADERS ATTENDED?

WHY ARE YOU VOLUNTEERING?

COMMENTS?

I UNDERSTAND THAT I AM COMMITTING TO ATTEND **ALL** TEAM FORMATIONS AND TO BE PRESENT FOR THE ENTIRE WEEKEND. *SEE CURSILLO POLICY

SIGNATURE	TODAY'S DATE
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