

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
Cell phone Work p	hone	Occupation
Emergency contact	Phone	Relationship
Marital Status Spouse's Na	me	Date of marriage
Are you Catholic? Is your Spouse C	atholic? Are you c	able to receive the Sacraments?
Catholic Church where married		City
Has your Spouse attended the Cursillo week	send? 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	?	
Has Group Reunion and Ultreya been expla	ined to you by your Spons	or?
Sponsor's Name	Sponsor's Sign	nature/Date
By initialing here, I authorize photos and videos to be taken of me and understand that all photos and video taken will be used for Cursillo purposes only.	Candi	idate's Signature/Date