



Filipino Group – Diocese of San Bernardino – [www.sbcursillo-filipino.org](http://www.sbcursillo-filipino.org)

## NEW CURSILLISTA APPLICATION

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Last Name	First Name	Middle Name	Nickname
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Street Address	City	State	Zip
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Home Phone	Mobile	Work	Email address
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Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Occupation: \_\_\_\_\_

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Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

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Parish Name: \_\_\_\_\_ City \_\_\_\_\_ State: \_\_\_\_\_

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Religious, Parish Ministry, Civic, Social Organization(s) to which you belong: \_\_\_\_\_

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Marital Status: Circle One       Married     Single     Separated     Divorced     Widowed

If Married: \_\_\_\_\_      Is your spouse Catholic? Yes / No      Were you married in the Catholic church? Yes / No  
Name of Spouse: \_\_\_\_\_

Has your spouse attended a Cursillo Weekend? Yes / No	Are you Catholic: Yes / No	Have you made your First Communion: Yes / No Confirmation: Yes / No
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Do you have any health problems/ require a special diet for health reasons, food allergies? Yes / No      If Yes, please explain: \_\_\_\_\_

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Whom did you hear about the Cursillo? \_\_\_\_\_

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Why do you want to experience the Cursillo Weekend? \_\_\_\_\_

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By initialing here \_\_\_\_\_, I authorize photos and videos taken of me and understand that will be used for Cursillo purposes only

Has Group Reunion and Ultreya been explained to you by your Sponsor? Yes / No

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Applicant Signature	Date	Sponsor's Name/Signature	Date
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**PLEASE RETURN THIS APPLICATION TO YOUR SPONSOR**

*Application Fee: \$200.00. A non-refundable deposit of \$25.00 is required.*

*Please make check payable to: Filipino Cursillo DSB*