

Filipino Group · Diocese of San Bernardino · www.SBCursillo-Filipino.org

Make a Friend... Be a Friend...Bring that Friend to Christ!

CANDIDATE APPLICATION FORM

PERSONAL INFORMATION

Last Name	First Name	Nickname	
Street Address	Cell phone	City	ZIP
Home phone	Cell phone	Work phone	
Email	Birthday Birthday	Occupation	
Emergency contact	Phone	Relationsh	ip
Food Allergies, Health Need	ls, Medications:		
SACRAMENTAL/CHURC	CH INFORMATION		
Marital Status (circle one):	Married Single Spouse's Name	Date o	f marriage
	Is your Spouse Catholic? <u>Yes</u> <u>No</u>		
Catholic Church where mar	ried	City	
Has your Spouse attended th	he Cursillo weekend? <u>Yes</u> <u>No</u> If yes, when	ı? Where?	
Current Parish			
Church/Parish Ministry Inv	olvement		
	bout the Cursillo? nce the Cursillo weekend?		
	nce ine Cursiiio weekena:		
Has Group Reunion and Ula	treya been explained to you by your Spon	asor? <u>Yes</u> <u>No</u> <u>Not Si</u>	<u>ure</u>
• There is a \$200.00 fe	l be processed upon receipt. ee due on or before your Cursillo Weekend payable to: <i>Diocese of San Bernardino</i> .	d.	
Sponsor's Name			
Sponsor's Signature			Date
Candidate's Signature			Pate