



Filipino Group – Diocese of San Bernardino – www.sbcursillo-filipino.org

NEW CURSILLISTA APPLICATION

Last Name First Name Middle Name Nickname

Street Address City State Zip

Home Phone Mobile Work Email address

Date of Birth: ___/___/___ Occupation: _____

Emergency Contact Name: _____ Phone: _____ Relationship: _____

Parish Name: _____ City _____ State: _____

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

Marital Status: Circle One Married Single Separated Divorced Widowed

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

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

Do you have any health problems/ require a special diet for health reasons, food allergies? Yes / No If Yes, please explain: _____

Whom did you hear about the Cursillo? _____

Why do you want to experience the Cursillo Weekend? _____

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

Applicant Signature Date Sponsor's Name/Signature Date

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: Diocese of San Bernardino-Cursillo Filipino Group