



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

SPONSOR INFORMATION FORM

Print New Cursillista's Name _____

1. How long have you known your candidate? _____ When did you first suggest the Cursillo Movement? _____
2. How far from you does your candidate live? _____ How many Ultreya has your candidate attended? _____
3. Which Ultreya will your candidate attend? _____ In which environment(s) is this candidate influential? _____
4. Do any Cursillistas know your candidate? _____ Who are they? _____
5. Does your candidate have a continuing commitment to a religious group or organization? Y / N
If Yes, Name of Group? _____ What is his/her position? _____
6. Why do you see a need for the Cursillo Method in your candidate's life?

7. Is he/she an active practicing Catholic? ____ Is he/she able to receive sacraments _____
8. Is your candidate aware there is a follow-up program after the weekend? Y / N Does your candidate understand the purpose of: Group Reunion? Y / N Ultreya? Y / N
9. Does your candidate have a personal problem or condition that could affect his/her response to the Cursillo weekend? Y / N If Yes, please explain:

10. In your opinion, is your candidate? Talkative ____ Quite Friendly ____
Pessimistic Reserved ____ Outgoing ____ Other: _____
11. Is your candidate a leader? Y / N Explain: _____
12. What is the attitude of your candidate towards Cursillo? _____
13. How many Ultreya have you attended in the last 6 months? _____ Are you a member of a Group Reunion? ____ How often do you Group? _____
14. When and where did you live your Cursillo weekend? _____
Have you ever given a Witness Talk? Y / N
15. Have you ever worked as a Team Member for a weekend? Y / N When/Where? _____

Please advise your new Cursillista that there is a deposit of \$25.00 (non-refundable) upon submission of application and the total application Fee is \$200.00

Sponsor's Name _____ Signature _____ Date _____

Sponsor's Contact #: _____ Email address: _____