



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? Were you married in the Catholic church?

Has your spouse attended a Cursillo Weekend? Are you Catholic? Have you made your First Communion? Confirmation?

Do you have any health problems/ require a special diet for health reasons, food allergies? If Yes, please explain:

From 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: "Filipino Cursillo DSB" OR via "Zelle" to filcursillodsbtreasurer@gmail.com indicate on the note the following: Name, Parish, Men's or Women's Class #

PLEASE EMAIL YOUR FILLED APPLICATION TO YOUR SPONSOR (rev.2.19.26)