



The FILIPINO CURSILLO MOVEMENT of San Diego
Diocese of San Diego, California
CANDIDATE APPLICATION FORM

Men's Women's Class Number: _____ Date: _____

Candidate Last Name: _____ First Name: _____ Middle Init: _____

Nickname: _____ Date of Birth: _____

Address: _____ City: _____

State: _____ ZipCode: _____ E-Mail: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Occupation: _____ Education: None High School College Post Graduate

Name of Spouse: _____

Are you a practicing Roman Catholic? Yes No If Yes, which Parish: _____

Marital Status: Single Married Separated Widowed Divorced

Are you married in the Roman Catholic Church? Yes No

Place of Marriage: _____ Date of Marriage: _____

(Please attach a copy of your Roman Catholic marriage certificate to the application.)

Are you a member of any organization NOT sanctioned by the Roman Catholic Church? Yes No

Do you attend Mass? Yes No Receive Communion? Yes No Go to Reconciliation? Yes No

Membership in Religious Organization(s): _____

Membership in Civic / Community Organization(s): _____

Reason for attending the Cursillo weekend: _____

Do you have food allergies or special diet needs? Yes No (If yes, please specify) _____

Are you presently taking medication? Yes No (If yes, please list and specify for what.) _____

Please inform us of your medical conditions

(high blood pressure, high cholesterol, diabetes, etc): _____

(This is only to alert our Medical Officer during the Cursillo weekend. Failure to notify us of your medical condition may result in a delay in processing your application) **PERSON TO BE CONTACTED IN CASE OF EMERGENCY:**

Name: _____ Relationship: _____ Phone No: _____

Physician's Name: _____ Phone No: _____

*Disclaimer: The Filipino Cursillo Movement of San Diego is not responsible for any form of illness contracted, accident which may cause loss of life or any part of the body, or loss of damage to personal belongings during the three day weekend retreat.
The information requested is intended for the exclusive use of the Filipino Cursillo Movement and will not be used for any other purpose.*

Signature of Candidate

Date

Please make checks payable to:
"Filipino Cursillo Movement of San Diego"

***Non-refundable Registration Fee to be paid with this application: \$25.00 Check# _____ C a s h**

Balance to be paid on or before the Cursillo Weekend Class: \$95.00 Check# _____ C a s h



The FILIPINO CURSILLO MOVEMENT of San Diego

Diocese of San Diego, California

SPONSOR INFORMATION SHEET

INSTRUCTIONS: The purpose of the Cursillo is to Christianize environments. It is therefore mandatory that utmost care be observed in the selection of new candidates. The form below is designed to assist as much as possible in this process. Answer all questions thoroughly, accurately, and in detail. Please type or print in ink.

Candidate: _____
Last Name First Name

Sponsor's Name: _____ Cell Phone: _____

Address: _____ City: _____ State: ____ Zip Code: _____

Parish: _____ Email: _____

Relationship of Sponsor with Candidate: _____

Why do you believe this candidate can be a potential Christian leader? Please explain in detail:

Candidate's Leadership Qualities:

Please comment on any problems the candidate may have (i.e. Moral, Emotional, Mental, Physical, Substance Abuse)

I understand the responsibilities of a sponsor and pledge that with the help of Christ, I will do my best to encourage my candidate to attend our Ultreya's and Group Reunion. I will deliver the candidate to and from the Cursillo house as required.

Signature: _____ Date: _____

Actively attending Group Reunion at: _____

Note: Sponsor to ensure that the candidate has read the booklet "Cursillo, What is it?" & understands its contents.

RECOMMENDED FOR ADMISSION: _____
(Signature of Parish Priest) (Date)

ENDORSEMENT OF DIOCESAN SECRETARIAT: _____
(Signature of Spiritual Advisor) (Date)

Notes / Comments (Pre-Cursillo Use Only):