



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: _____
Preferred Name for Name Tag: _____ Date of Birth: _____
Address: _____ City: _____
State: _____ Zip Code: _____ E-Mail: _____
Home Phone: _____ Work Phone: _____ Cell Phone: _____
Occupation: _____
Name of Spouse: _____
Practicing Roman Catholic? Yes ____ No ____ 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# _____ Cash _____
Balance to be paid on or before the Cursillo Weekend Class: \$105.00 Check# _____ Cash _____



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's LastName: _____ FirstName: _____

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 Ultreyas 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):
