



YOUNGSTOWN CURSILLO - Candidate Application

All information on this form will be kept confidential and will only be used by the Youngstown Cursillo Center to help us better prepare for your weekend.

Last Name: _____ First Name: _____ circle one: M F

Name preferred on name tag: _____

Address: _____ City/State: _____ Zip: _____

Primary Phone: _____ Email: _____ Parish: _____

Occupation: _____ Birthdate: _____

Level of Education () High School () Trade School () College () Grad School () Post-grad

Hobbies/Interests: _____

Community/Church Activities: _____

Do you play a musical instrument? Yes No If yes, what instrument? _____

Please indicate if you are a () Priest () Deacon () Religious () Lay Leader of Prayer

Married? Y N Spouse's Name _____ Circle One Single Widowed Divorced Separated

If Married, is spouse Catholic? Y N Has your spouse attended a Cursillo? Y N

The Cursillo method strongly emphasizes full participation in the Sacramental life of the Church.

Can you receive the Sacraments? Y N Can your spouse? Y N

Why do you wish to attend a Cursillo? _____

Has your sponsor explained Group Reunion, Ultreya or 4th Day to you? Y N

A Cursillo Experience is three days, from Thursday evening until Sunday evening, filled with many activities as well as opportunities for spiritual growth and community building. If you have any adverse health conditions, food allergies, dietary restrictions or if you are taking any medications, please fill out the back of this application.

There is a suggested donation of \$100 for all Cursillo participants.

If possible, please include your donation with this application to:

Youngstown Cursillo Center, P.O. Box 3196 Youngstown, OH 44513-3196

*Or bring it with you to the weekend. All checks should be made out to: **Youngstown Cursillo***

Candidate Signature _____ Date _____

Sponsor Signature _____

Parish Priest, Deacon or Representative Signature _____

In case of emergency, who should we contact? Name: _____ Phone#: _____

(See reverse side of this page for a few more questions)

Rev. 5-21-2014

Do you have any food allergies or dietary restrictions? Y N

Please list them: _____

Are you taking any medications that we need to be aware of? Y N

Please list them: _____

Do you have any medical conditions that we need to be aware of? Y N

Please list them: _____

Do you need any special assistance on the weekend (i.e. access to electrical outlet for CPAP) Y N

Please detail: _____

What is your preference for sleeping? Please check one.

_____ Inflatable air bed

_____ Folding cot

_____ I prefer to bring my own