CURSILLO TEAM APPLICATION

Please print clearly.

Full Name: _____ Date: _____

Preferred name: _____ Gender: M F

Street Address: _____ City State, Zip: _____

Daytime Phone: (_____) _____-_____ Evening Phone: (_____) _____-_____

E-mail Address _____ Cell Phone: (_____)_____-_____

Parish & City: _____

All Weekends are Co-ed. Weekend you are applying for: ___SPRING ___FALL

Cursillo Weekend #/ Table: _____

Age Group: 20-30 31-40 41-50 51-60 61 -70 70+

Are you currently grouping? ___Yes ___No Spiritual Direction? ___Yes ___No

Do you attend at least ½ of the Ultreyas in your area yearly? ___Yes ___No

If not, please explain:_____

List Talks you have previously prepared (indicate p = primary, b = backup):

List Weekends served and Team position:

Indicate the Team position you feel led by the Holy Spirit to fill:

___Talks ___Kitchen ___Coordinator ___Chapel ___Music ___Table ___Warden ___Bookstore

Will you need financial assistance? Yes No

Please list any dietary or mobility issues which may need accommodation:

Applicant's Signature: _____Date:_____

Clergy Endorsement (Applicant's home parish Clergy preferred) ***Please print clearly.***

Name: _____

Parish: _____ Position: _____

Does the Applicant participate in Parish Activities? Yes No

Does the Applicant worship God regularly in Church? Yes No

Does the Applicant group regularly with other Cursillistas? Yes No

Does the Applicant regularly attend Ultreyas? Yes No

Other Comments:

Clergy Signature: _____ Date: _____

Return to: Cursillo in Southern Virginia
PO Box 11027
Norfolk, VA 23517

****COST OF THE WEEKEND is $275 (double occupancy). A $100 deposit is due at the first team meeting, with the remaining balance to be paid by the last team meeting.**

Revised Jan. 2018