CURSILLO TEAM APPLICATION
Full Name: Date:
Preferred name: Gender: M F
Street Address: City State, Zip:
Day time Phone number: Cell Phone:
E-mail Address
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 areayearly? Yes No
If not, please explain:
List talksyou have previously prepared (indicate p = primary, b = backup):
Indicate the Team position you feel led bythe Holy Spirit to fill: Talks Kitchen Coordinator Chapel Music Table Warden Bookstore Willyou need financial assistance? Yes No Special Reasons: Please listany dietary, health or mobility issues which may need accommodation. Is there anything else we should know?
Will you request a singleroom?Yes No - Single rooms are extremely limited and available only for special reasons. I hereby grant permission to Cursillo DOSV to use photographs and/or video of me during this weekend Yes No I give permission to display my full name on Cursillo DOSV website and Facebook Yes No
Applicant's Signature:Date:
Clergy Endorsement (Applicant's home parish Clergy preferreed) Name: Date:
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.