

**CURSILLO MOVEMENT
ARCHDIOCESE OF TORONTO
CURSILLO APPLICATION**

Use this form to submit a Cursillo Weekend Application.

NOTE: All information entered on this form will be kept in the strictest confidence and will not be shared with anyone outside the Cursillo Movement of the Archdiocese of Toronto. All candidate information is used for the purpose of organizing and conducting the Cursillo weekend. Following the Cursillo Weekend, all information that is not relevant to membership is deleted from our systems.

CURSILLO WEEKEND: _____
(If known, otherwise leave blank)

CANDIDATE INFORMATION:

NAME: _____
First Middle Last

BIRTH DATE: _____
Year Month Day

GENDER: ___ Male ___ Female

OCCUPATION: _____

MARITAL STATUS: ___ Married ___ Single
___ Divorced ___ Separated

ADDRESS: _____

Apt. / Suite / Unit Number: _____

CITY: _____ **PROVINCE:** _____ **POSTAL CODE:** _____

PHONE: _____
Daytime Evening Cell

EMAIL ADDRESS: _____

ROMAN CATHOLIC: ___ Yes ___ No *(If the answer is NO, please specify below)*

PARISH: _____

SCRAMENTS: Are you eligible to receive Sacraments: ___ Yes ___ No

Please enter any information pertaining to any disabilities, health issues and other conditions such as emotional problems and addictions we should be aware of.

Physical ___ Emotional ___ Mental ___ Serious Addiction ___ Recent Grief ___ Turmoil ___

Please Specify:

Special Dietary Requirements, Allergies, Etc.

Vegetarian ___ Vegan ___ Dairy ___ Fish ___ Nuts ___ Wheat ___ Gluten Free ___ Citrus ___ Other ___

Please Specify:

EMERGENCY CONTACT INFORMATION:

NAME:

First Middle Last

Relationship: Husband/Wife: _____

PHONE:

Daytime Evening Cell

SPONSOR INFORMATION:

SPONSOR NAME:

First Middle Last

SPONSOR EMAIL: _____

COMMENTS/ADDITIONAL INFORMATION:

**** Once the form is completed, please give it to your Sponsor or the Pre-Cursillo Coordinator.**