

For registrar only:  
Date application received \_\_\_\_\_

**CURSILLO IN CHRISTIANITY**  
*Diocese of Jefferson City, Missouri*

**Candidate portion of application:**

Name \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

Address \_\_\_\_\_  
Street, P.O. or R.R. City State Zip

Phone \_\_\_\_\_ Email \_\_\_\_\_

Parish (include city) \_\_\_\_\_

Marital Status: Single \_\_\_\_\_ Married in Catholic Church \_\_\_\_\_ Clergy \_\_\_\_\_

Please explain any health or dietary restrictions for the weekend \_\_\_\_\_

Emergency Contact: Name \_\_\_\_\_ Phone \_\_\_\_\_

**Sponsor portion of the application:**

Sponsor's Name \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_  
Street, P.O. or R.R. City State Zip

When and where you began your Cursillo experience \_\_\_\_\_

Sponsor's Parish and City \_\_\_\_\_

**Sponsor's Assertion** - This candidate is a practicing Catholic who desires to grow in friendship with Jesus Christ and those in his/her environment. I am unaware of any emotional, spiritual, or physical challenges or addictions that may impede his/her growth. I have discussed the various ongoing components of the Movement including Group Reunion and Ultreya. I have explained my support for the candidate's physical and spiritual needs for the weekend and in their Fourth Day of Post Cursillo.

Candidate signature \_\_\_\_\_ Date \_\_\_\_\_

Sponsor signature \_\_\_\_\_ Date \_\_\_\_\_

Parish priest signature \_\_\_\_\_ Date \_\_\_\_\_

**Mail Application and \$25 deposit to :** Cursillo/Jefferson City, P.O. Box 104923, Jefferson City, MO 65110-4923. An additional offering of \$75 is requested at the time of registration upon arrival at the weekend. Candidates will receive an email confirmation on receipt of this application along with further communications in regard to the Cursillo Weekend.