

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.