



CURSILLO IN CHRISTIANITY
Diocese of Jefferson City, Missouri

For registrar only:

Date received:

Fee/Donation collected:

Participant portion of application: to be completed by participant

Note: To ensure a spot to attend, please submit in a timely fashion, attendance will be granted to those with completed applications prioritized by date of application received.

****Weekend Date preference to attend: Month _____ Year _____****

Name _____ Age _____ Sex _____

Address _____
Street, P.O. Box, or R.R. City State Zip

Phone _____ cell / hm_ Email _____

Parish/City _____

Marital Status: Clergy _____ Single _____ Married in Catholic Church _____

Please explain any health or dietary restrictions for the weekend _____

Emergency Contact:

Name _____ Phone _____ (circle) Spouse / other _____

Sponsor portion of the application: to be completed by sponsor

Sponsor's Name _____

Phone _____ Email _____

Address _____
Street, P.O. Box, 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.

Participant signature _____ Date _____

Sponsor signature _____ Date _____

Parish priest signature _____ **Date** _____

Mail Application and \$25 to: Cursillo/Jefferson City, P.O. Box 373, Columbia, MO 65205-0373.

An additional offering of \$100 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.