



## Diocese of Grand Rapids Michigan

### APPLICATION TO PARTICIPATE IN A CURSILLO WEEKEND

Applicant: Please fill in all of the requested information and use block letter printing.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Home Phone #: (\_\_\_\_\_) \_\_\_\_\_ /Emergency #: (\_\_\_\_\_) \_\_\_\_\_

Age: \_\_\_\_\_ Occupation: \_\_\_\_\_ email: \_\_\_\_\_

Do you have a nickname that you would prefer to be printed on your badge?: \_\_\_\_\_

Marital Status: Married \_\_\_\_\_ Single \_\_\_\_\_ Widowed \_\_\_\_\_ Divorced \_\_\_\_\_ Separated \_\_\_\_\_

If married: Is your spouse Catholic? ( Y ) ( N ) Were you married in the Catholic Church ? ( Y ) ( N )

Spouse's name: \_\_\_\_\_

Has your spouse attended a Cursillo \_\_\_\_\_, De Colores \_\_\_\_\_ and/or Emmaus Walk \_\_\_\_\_ weekend?

Have you attended a De Colores and/or an Emmaus Walk weekend? ( Y ) ( N )

Name & City of the Parish you attend: \_\_\_\_\_

Church activities that you are involved in: \_\_\_\_\_

Please detail if you have any allergies and/or diet, health or mobility issues: \_\_\_\_\_

Has your sponsor explained the goal of the Cursillo Movement, Group Reunion and Ultreya? ( Y ) ( N )

Briefly explain why you wish to participate in a Cursillo: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**CANDIDATE'S PASTOR'S RECOMMENDATION**

Pastor's Name: \_\_\_\_\_

Parish: \_\_\_\_\_

Do you recommend this person as a candidate to participate in a Cursillo: ( Y ) ( N )

Comment: (optional) \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Sponsorship is a privilege that carries with it a serious Christian responsibility.**

**SPONSOR'S PORTION OF THE CURSILLO APPLICATION**

Fill out completely using block printing.

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

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Home Phone #: ( \_\_\_\_\_ ) \_\_\_\_\_ /Work Phone #: ( \_\_\_\_\_ ) \_\_\_\_\_

Email: \_\_\_\_\_ Year & # of your Cursillo \_\_\_\_\_

Are you active in: Group Reunion ( Y ) ( N ) Ultreya ( Y ) ( N ) School of Leaders ( Y ) ( N )

Do you know this candidate well: ( Y ) ( N ) How long have you known them: \_\_\_\_\_

Is this candidate a baptized Catholic who is able to receive the Sacraments of the Church? ( Y ) ( N )

Does this candidate have, or recently had, any mental, emotional, or health problems: \_\_\_\_\_

Describe this candidate's personality: \_\_\_\_\_

Why are you recommending this candidate: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Send completed form to:

Paul & Jill Marker  
12221 Long Lake Dr.  
Sparta, MI 49345

Questions? 616-887-1596