



THE VENICE CURSILLO MOVEMENT

Catholic Clergy's Approval

Candidate's Name \_\_\_\_\_ Parish \_\_\_\_\_

Is the candidate a member of your parish? \_\_\_\_\_ Do you know the candidate well? \_\_\_\_\_

Do you approve of the candidate attending a Cursillo Weekend? \_\_\_\_\_ Have you attended a Cursillo Weekend? \_\_\_\_\_ When? \_\_\_\_\_

Catholic Clergy Comments: \_\_\_\_\_

Catholic Clergy's Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Candidate Information

*Please fill out this application (print) completely as this will help the Cursillo Team know you as an individual. You may use the bottom of this form or a separate sheet for more space, if needed.*

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Male or Female: \_\_\_\_\_  
Last First Nick Name

Address: \_\_\_\_\_  
Street City State Zip Email Address

Phone Numbers: \_\_\_\_\_  
Home Work Cell

Current Status: \_\_\_\_\_ Married > When & what Church \_\_\_\_\_  
\_\_\_\_\_ Single \_\_\_\_\_ Divorced – Date \_\_\_\_\_ \_\_\_\_\_ Widowed – Date \_\_\_\_\_

Name of Spouse \_\_\_\_\_ Number of Children \_\_\_\_\_ Ages \_\_\_\_\_

Religion of Spouse \_\_\_\_\_ Has spouse made a Cursillo? \_\_\_\_\_ When? \_\_\_\_\_

Date of your Baptism \_\_\_\_\_ Church of Baptism \_\_\_\_\_ Church of First Communion \_\_\_\_\_

Present Parish \_\_\_\_\_ Pastor's Name \_\_\_\_\_

Are you eligible to receive the Sacraments \_\_\_\_\_ How often do you attend Mass? \_\_\_\_\_

Is your spouse eligible to receive the Sacraments \_\_\_\_\_ How often does your spouse attend Mass? \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_ Number of years \_\_\_\_\_

Organizations: Please list all activities secular and religious \_\_\_\_\_

Names of friends who have made a Cursillo Weekend \_\_\_\_\_

*The Cursillo Weekend is filled with a varied and intense schedule and the hours are long. Do you suffer from any condition, which would cause you any difficulty during the Weekend? \_\_\_\_\_ If so, please specify \_\_\_\_\_*

*Any food allergies? \_\_\_\_\_*

Why do you want to attend a Cursillo, and how do you feel it will benefit you? \_\_\_\_\_

Signature of Candidate \_\_\_\_\_ Date \_\_\_\_\_

Upon completion please email to our Pre-Cursillo Secretariat Representative:  
Venice Cursillo Movement c/o Lori DeYoung, 149 Osprey Circle, Ellenton, FL 34222. Her email is: ortho529@yahoo.com. Her phone is (708) 743-8080)

PLEASE NOTE: This FORM must be received by Lori DeYoung no later than September 17<sup>th</sup> for the Oct 2021 Weekends.