

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 22nd for the Oct 2023 Weekends. Thank you!