EPISCOPAL DIOCESE OF SOUTHEAST FLORIDA
CURSILLO APPLICATION FORM
Received by Registrar_____

(Please print or type plainly) Date of Application_____

Name_____Birthday_____Age_____ Marital Status_____

Name to be put on name badge_____Has spouse attended Cursillo?_____What #._____

Street Address_____City_____Zip_____

Phone (include area code) Home_____Cell_____Work_____

Email_____Occupation_____

Church Name/City_____Rector_____

(NOTE: Only Episcopalians may attend Episcopal Cursillos in the Diocese of Southeast Florida. If you are an active, baptized, contributing member of a parish and regular in worship there, you are considered an Episcopalian for Cursillo attendance purposes.)

Do you require a special diet?_____If so, please specify:_____

Do you have any food allergies?_____If so, please specify:_____

Do you have any physical handicaps or restrictions?_____If so, please specify:_____

Why do you wish to attend a Cursillo?_____

Name and address of your sponsor:

_____

NOTE: Please return this application form to your sponsor. Applications are prayerfully considered for upcoming Cursillo weekends ***in general***, and not for any particular Cursillo weekend. Your application will be kept in an active file until you have either completed a Cursillo weekend, or request that you no longer be considered.

_____
Applicant's Signature

<u>Priest Endorsement</u>

This person is a church member in good standing. I am aware of the spiritual and physical nature of a Cursillo weekend, and I believe this person is mentally, physically and spiritually prepared. The purpose of Cursillo is not intended to help the participant with personal problems. Selection of participant is intended to be based on what effect this person will have on their environment after the weekend.
Priest Name (print)_____Parish_____
Email address_____Date_____
Signature_____

(See other side)

EPISCOPAL DIOCESE OF SOUTHEAST FLORIDA
CURSILLO SPONSOR FORM

Sponsor's Name_____ Applicant's Name_____

Sponsor's Address_____City_____Zip_____

Phone (include area code)_____Cell_____Work_____

Email address_____

Are you in a Reunion Group_____Members of your group_____

_____
Please note any physical limitations or medical history that your candidate may have.

_____
When, in the ***LORD'S TIME,*** your applicant is called to be a participant and responds affirmatively, there are sponsor responsibilities to which you obligate yourself. They are:

1. Talk to clergy before talking to your candidate.
2. Pray for your applicant.
3. Prepare your candidate to attend and participate in the weekend. (Mention lay/clergy talks, meditations, singing, discussions, etc.)
4. Ascertain applicable fee and deposit at time candidate is called and see that financial responsibilities are met.
5. Pick up and bring your candidate to the Duncan Center,at 15820 South Military Trail, Delray Beach, by 7 p.m.
6. Participate as much as possible during the weekend; including your attendance at Clausura.
7. Accompany your candidate to the Fourth Day Reunion following the weekend.
8. Help him/her become established in a permanent group reunion and assist in finding a Spiritual Director.
9. Continue to support your candidate spiritually and help him/her to grow and mature as a member of the Body of Christ for at least one year following the weekend.

By signing below, you commit yourself to fulfilling these requirements. PLEASE COPY THE CANDIDATE'S PARISH REPRESENTATIVE.

_____
Sponsor's Signature

Mail or fax to Registrar
Audrey Coombs
1713 SW Haylake Avenue
Pt. St. Lucie, FL 34953
772-807-5694

Rev. 11/01/2007