



**Diocese of Worcester Massachusetts
Cursillo Application**

Applicant (please print)

Name: _____ Address: _____ City: _____ State: _____ Zip: _____

Telephone: _____ Email Address: _____ Date of Birth: _____ Marital Status: _____

of children: _____ Convert? Y/N _____ Parish: _____ Parish City: _____

Occupation: _____ Employed at: _____ Clubs/Hobbies: _____

Disabilities or diet restrictions: _____

Signature

Date

Your application will be placed on file, and you will be notified approximately six weeks before the next scheduled Cursillo weekend. If you are unable to make the scheduled dates your application will remain on file, and you will be notified of future weekend dates.

Sponsor (please print)

Name: _____ Address: _____ City: _____ State: _____ Zip: _____

Telephone: _____ Email Address: _____

Sponsor's Signature

Date

Candidate's Pastor: Do you agree that this candidate would benefit from a Cursillo experience? Yes or No

Comments: _____

Pastor's Signature

Date

The cost of the three-day Cursillo weekend is \$195. Please indicate whether you are making a full payment charge of (\$195) _____ or a deposit charge of (\$25) _____ with this form.

Checks should be made payable to **The Cursillo Movement**.

Credit Card payment: (circle one) Visa/MC/Discover Card # _____ - _____ - _____ - _____ exp date: _____ - _____ Security # on back of card. _____

Name on Card: _____ billing address: _____ City: _____ State: _____ Zip: _____

The inability to pay should not deter anyone from applying to Cursillo.

Contact Information:
Sue Leighton
508-498-6934
sleighton1958@gmail.com

Please mail completed form to:
Sue Leighton
40 Richardson Street
Uxbridge, MA 01569

Visit:
www.fourthday.org
and click on "Schedule" for
upcoming weekend dates.