

Cursillo Application

Applicant (please print)

Name:	Address:		City:	State:	Zip:
Telephone: Email:			D.0.	B	
Marital Status:	# of children:	Catholic (Y/N)	Parish:	Parish City: _	
Occupation:			Hobbies:		
Disabilities and/or Diet	ary Restrictions:				
			Applicant's Signature		Date
Sponsor (please print)					
Name:	Address:		City:	State:	Zip:
Telephone:	Em	ail:			
			Sponsor's Signa	ature	Date
Candidate's Pastor:	Do you agree that this candid	ate would benefit fr	om a Cursillo experience? Ye	s or No	
Comments:					
			Pastor's Signat	cure	Date
	(\$25) with this		licate whether you are making a cks should be made payable to 1		
applications@fourthday.org			nail completed form to: Pam Hamilton Street Leicester, MA 01524	For upcoming weekend dates visit fourthday.org Click on "weekends"	