



MONTREAL UNITED CHURCH CURSILLO

Attn.: Enrollment Coordinator
c/o 4697 Boul. St-Jean / St.John's Blvd.
Dollard des Ormeaux QC H9H 2A7

APPLICATION FORM

Date for this Cursillo: _____

• **TO BE COMPLETED BY THE CANDIDATE**

Name of Candidate: _____

Name as desired on **NAME TAG**: _____

Address: _____
Street Community Postal Code

Gender: [F] [M] Birthday: Month _____ Day _____ / Occupation: _____

Marital status: - Single [] - Married [] - Widow / widower []

Phone: (H) _____ (W) _____ email: _____

Emergency Contact: Name: _____ Phone: (H) _____
Area code - Telephone number

Relationship: _____ Phone: (W) _____

Name and denomination of your home church: _____

Do you attend regularly: _____ Have you read the Cursillo Pamphlet? _____

In which religious or community organizations are you active?

Has Cursillo been explained to you and your spouse ? _____

Has your spouse been on a Cursillo weekend ? _____ if yes, when ? _____

Is there any health condition, pregnancy or diet restrictions, which may require assistance during the weekend?

_____ If "yes" please specify: _____

Please state briefly why you wish to attend a Cursillo weekend: _____

Please state what your expectations are of the weekend: _____

Applicant's signature: _____ Date: _____

- Please discuss this with your sponsor: - The fee for the weekend covers board, lodging & miscellaneous costs.
Payment \$150.00: - Cheque attached [] - cheque dated _____ [] or - other [] (explain over)

• Sponsor's Name: _____

• Sponsor's Address: _____
Street Community Postal Code

• Sponsor's Telephone: (Home) _____ (Work) _____
Area code - Telephone number Area code - Telephone number

- **NOTE: Applicant - Please return this form to your Sponsor**