



Cincinnati Cursillo Movement

P.O. Box 317655

Cincinnati, Ohio 45231-7655

<http://www.cincinnati-cursillo.org/>

APPLICATION FOR REGISTRATION

(Please Print)

Date: _____

Name: _____ (Nick Name) _____

Address: _____ Apt.# _____

City: _____ State: _____ Zip: _____ Phone: (____) _____

Cell Phone: (____) _____ Work Phone: (____) _____

E-mail Address: _____ Parish _____

Age: _____ Marital Status: (Please Circle One) Single Married Divorced Separated Widowed

Occupation: _____

Are you an active member of any community or religious organizations? Y N If yes please list.

Do you have any dietary restrictions? Y N If yes please List them below:

Are you on medications or do you have any health or physical restrictions? Y N

If yes please explain: _____

Please State briefly why you would like to be involved in the Cursillo Movement and what you expect from it.

Signature: _____

The information requested in this application is necessary for your proper placement in the Cursillo weekend. Please provide ALL requested information. If question does not apply, please mark N/A

Please be advised that our Cincinnati Facility is not handicap accessible, however Cursillos held in Dayton are fully accessible.

The suggested donation is \$125 to help defray the cost of the Weekend, however we would never want the Cursillo to be only for those who can financially afford to donate that amount. Your generosity is appreciated but not demanded. If you can afford more to help offset the expenses of the Weekend it is appreciated. If you can't afford the full amount, please contribute what you can.

For those who are able, please include a \$25 deposit with this application. Contributions made after your weekend are always appreciated and are used to help spread God's message of love.

PLEASE RETURN THIS APPLICATION TO YOUR SPONSOR



**THIS SECTION IS TO BE FILLED OUT BY THE SPONSOR BEFORE
SUBMITTING IT TO THE SECRETARIAT OFFICE AT:**

Cincinnati Cursillo Movement

**PO Box 317655
Cincinnati, Ohio 45231-7655**

(Please Print)

Sponsor Name: _____

Address: _____ City: _____ State: _____ Zip _____

Home Phone: _(_____) _____ Alternate Phone: _(_____) _____

E-mail Address: _____ Parish: _____

When did You Make Cursillo? _____ Cursillo # _____ Where? _____

Which Ultreya do you attend? _____ How often? _____

Are you in a Group Reunion? Y N

What is your relationship with this person? _____

How long have you known this person? _____

Will you be bringing this person on Thursday Evening? Y N

Will you be attending the Sponsors Prayer Service? Y N

Will you be attending the Closing? Y N

Are you committed to helping this person get into a Group Reunion and/or Ultreya Y N

Sponsor's Signature _____