

Diocese of Harrisburg Cursillo® Movement  
**CURSILLO TEAM APPLICATION**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: CELL: \_\_\_\_\_ HOME: \_\_\_\_\_

EMAIL: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

SPOUSE/EMERGENCY CONTACT NAME: \_\_\_\_\_ CELL: \_\_\_\_\_

PARISH / MISSION: \_\_\_\_\_ CURSILLO WEEKEND NUMBER: \_\_\_\_\_

(Ex. M-100 or W-99)

Do you have any physical limitations which would require special attention or diet?  Yes  No

If yes, explain: (Health, Diet, Disabilities, Allergies, Limited Mobility, Sleep Issues, etc.)

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**SPECIAL QUALIFICATIONS:**

Are you CPR certified?  YES  NO  
Are you qualified to give medical assistance, if necessary?  YES  NO  
Are you an Extraordinary Minister?  YES  NO  
Are you able to serve as Cantor/a?  YES  NO  
Which instrument (if any) do you play? \_\_\_\_\_

**PREVIOUS TEAM EXPERIENCE:**

Have you worked a previous Cursillo weekend?  YES  NO

Cursillo Numbers: \_\_\_\_\_

Positions Served: \_\_\_\_\_

Rollos Given: \_\_\_\_\_

**YOUR FOURTH DAY ACTIVITIES**

Are you regular in church attendance?  YES  NO  
Are you regular in Ultreya attendance?  YES  NO  
Are you regularly meeting with a reunion group?  YES  NO  
Are you regular in School of Leaders attendance?  YES  NO  
Are you living your Fourth Day for Christ?  YES  NO

*(Please turn over and complete Page 2)*

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**Consent for Release of Personal Information:** I  consent  do not consent to the release of the following specific personal and contact information to the Cursillo team and new Cursillistas attending the Three-Day Cursillo weekend: Name, Address, Telephone Number, E-mail Address, Parish, and Image in the Group Photo. I understand that the Secretariat and Cursillo team will not sell or transfer this information to any third party for their marketing use. I further understand that I can make a request to no longer be contacted by either electronic mail or telephone by notifying the sender, and I agree to honor the wishes of other Cursillistas who want to stop receiving communications from me.

**NOTE: If the applicant fails to either “consent” or “not consent” to the release of information as set forth above, by default the applicant will be deemed to have explicitly consented to the release of the information specified.**

**The cost of the Cursillo Weekend varies according to 3-day Weekend site location as shown below:**

- |   |        |
|---|--------|
| <input type="checkbox"/> Saint Pius X Church, Selinsgrove, PA         | \$ 120 |
| <input type="checkbox"/> Mariawald Renewal Center, Reading, PA        | \$ 240 |
| <input type="checkbox"/> Christian Retreat Center, East Waterford, PA | \$ 260 |

I have answered all questions honestly and completely. I have prayed about the Cursillo and my application, and I wish to work on the Team.

Your Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Return Application to: Cursillo Chair, Dave Marrazzo    dmarrazzo33@yahoo.com**

**Donations:** The Harrisburg Cursillo Movement depends on the generosity of donors to continue to operate. If you would like to make a charitable donation, you may do so by either: (1) paying a larger amount than the published cost of the weekend or by (2) making a PayPal or credit card payment at the Harrisburg Cursillo Movement Website [www.harrisburg-cursillo.org](http://www.harrisburg-cursillo.org) . Thank you in advance for your generosity.