

CURSILLO TEAM APPLICATION

NAME: _____

ADDRESS: _____

SPOUSE'S NAME: _____

PHONE: CELL: _____ HOME: _____

EMAIL: _____

PARISH/MISSION: _____

DATE OF BIRTH: _____

CURSILLO WEEKEND NUMBER _____

(ex: w/m 100)

SPECIAL QUALIFICATIONS:

Are you CPR certified? _____ YES _____ NO

Are you qualified to give medical assistance, if necessary? _____ YES _____ NO

Are you able to serve as Music Director? "" _____ YES _____ NO

Do you play a musical instrument/if yes what do you play? _____

Are you an Extraordinary Minister? _____ YES _____ NO

PREVIOUS TEAM EXPERIENCE:

Have you worked a previous Cursillo weekend? _____ YES _____ NO

Cursillo Number(s): _____

Positions Served: _____

Rollo's given: _____

YOUR 4th 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 living your fourth day for Christ? _____ YES _____ NO

Your Signature: _____ Date: _____

* _____ Some or all of above Address/Phone/Email/Parish is new

Email Women's applications to Nancy Ramhap nancyramhap@gmail.com Men's Applications to Tony Devlin
REUNION_2K2@YAHOO.COM