

CURSILLO TEAM APPLICATION

Name Nickname: _____

Address: _____

Spouse's Name Nickname: _____

Phone: Home: _____ Work Cell: _____

Email: _____

Home Parish/Mission: _____

Birth date: _____ Cursillo # you attended as pilgrim: _____

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

Which instrument (if any) do you play? _____

PREVIOUS TEAM EXPERIENCE:

Have you worked a previous Cusillo weekend? YES NO

Cursillo Number: _____ Positions Served: _____

Rollo's given: _____
(More than 2, please list on back of application)

YOUR 4th DAY ACTIVITIES YES or NO

1. Are you regular in church attendance? YES or NO

2. Are you regular in Ultreya attendance? YES or NO

3. Are you regularly meeting with a reunion group? YES or NO

4. Are you living your fourth day for Christ? YES or NO

Your Signature: _____ Date: _____

Send Applications to: Joan or Bill Benning

2070 Brigade Road Enola, Pa 17025

Phone: 717-732-4919 Email: billb671@verizon.net