

**DIOCESE OF HARRISBURG CURSILLO® MOVEMENT
CANDIDATE APPLICATION**

(Please print legibly. All fields are required. Please return this completed form to your Sponsor.)

NAME: _____ DATE _____

PARISH: _____ DOB: _____

HOME PHONE: _____ CELL PHONE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

EMAIL: _____

ACCOMODATIONS

Do you have any physical limitations requiring special attention? Yes No

Do you require a special diet? Yes No

Do you use a CPAP machine? Yes No

Please explain: _____

EMERGENCY CONTACT

Day/Night: _____ Phone: _____

Sponsor's Name: _____ Phone: _____

PASTOR'S RECOMMENDATION

The above candidate is a practicing Catholic, able to receive the Sacraments of Reconciliation and Holy Eucharist. I recommend this parishioner as a candidate for the Cursillo weekend experience.

Pastor's Signature _____ Date: _____

All Cursillo weekends begin on Thursday evening and end on Sunday Evening. You are expected to be present for the entire weekend. It is your sponsor's responsibility to bring you to and from your Cursillo Weekend. The cost of the Cursillo Weekend varies according to 3-day Weekend site location. You will learn more about this cost on the 3 Day Weekend. **DO NOT PAY NOW.** Plan to make your payment on the weekend. If you feel you are unable to donate, please do not let that stop you from attending. -

CANDIDATE'S SIGNATURE _____