

CANDIDATE APPLICATION

Revised 5/20/06

Maryland Episcopal Cursillo

Preferred title (please circle): Mr. – Mrs. – Ms. – Dr. – The Rev. – The Right Rev.

Name _____

Address: _____
Street City State Zip

Home Phone: _____ Cell Phone: _____

E-mail address: _____ @ _____

Occupation: _____ Marital Status _____

Name to be used on button _____ Date of birth _____
Month/Day/Year

Home parish: _____ Clergy _____

Do you require accommodations to satisfy dietary, physical, or medical restrictions? No _____ Yes _____

Please detail if YES _____

Has your sponsor(s) discussed your participation in the 4th Day in grouping, attending Ultreyas, and participating in a 4th Day workshop? No _____ Yes _____

After prayerful consideration, please write a brief statement about why you want to attend a Cursillo weekend on the back of this form.

Candidate's Signature

Date

Sponsor(s) Signature(s)

Clergy Endorsement: I know the above-named person and am aware that he/she is submitting an application to attend a Cursillo weekend. I am not aware of any issues that would preclude this candidate's participation in Cursillo at this time.

Clergy Name (printed)

Name of Parish

Clergy Signature

Contact Phone Number

SEND THIS APPLICATION WITH THE SPONSOR APPLICATION AND FEES TO THE ASSISTANT LAY DIRECTOR.