## CATHOLIC CURSILLO - DIOCESE OF KNOXVILLE

## APPLICANT INFORMATION

Please return this application to your sponsor with a \$10.00 check made payable to **Catholic Cursillo - Diocese of Knoxville**.

Name:	Nickname:							
	Last	First		MI				For nametags
Address:			City:			State:	Zip	
Phone:	( )			e-mail:				_
Number of	Children:	Υ	our Age:		Occupati	on:		
<b>□</b> M <b>□</b> F		☐ Single ☐ Married	☐ Widowed*☐ Divorced*					If Yes, how long?
Home Paris	sh:		Loc	ation:				
In what religious, parish and/or community organizations are you active?								
	- '		-					
Do you have any physical, medical or dietary conditions that need to be provided for on a weekend?								
					•			
Applicants :	Signature:					Date:		
								-4
SPONSOR SUPPORT  Your sponsor will complete the remainder of this application.								
Name:								
	Last	First		MI				
Address:			City:			State:	Zip	
Phone: _	( )			e-mail:				
Home Parish: Location:								
Are you active in Fourth Day activities: Group Reunion Ultreya School of Leaders  If you are not active in any please explain								
What is your relationship to the applicant and have long have your trace?								
What is your relationship to the applicant and how long have you known them?								
Sponsor co	mments: (Pleas	e include any inf	ormation that may a	affect the c	andidate's	s participation in Cu	ırsillo)	
	· ·	0 00	illingness to be an effect. p Reunion and U	•	er the Cur	rsillo weekend.		
I hav	e discussed the	e Cursillo with	my candidate and	their atte	nding wil	ll not cause any f	amily dif	ficulties.
I will	bring my candi	date to the Cui	rsillo and support	him/her th	rough pr	ayer.		
Sponsors S						Date:		
Расто	RAL SUPP	ОРТ						
			llo. I know of nothing that	will limit the	ir participati	on.		
Pastor's Sig	•	• •	9			Date:		

All information on this application will be kept in the strictest confidence and must be completed before an applicant can be accepted as a candidate for the Cursillo. The \$10.00 application fee is non- refundable.