

Diocese of Peoria
CURSILLO IN CHRISTIANITY
CURSILLO OF BLOOMINGTON/NORMAL
P.O. Box 845, Bloomington, Illinois 61702-0845

Spiritual Director – Deacon Gary Koerner
Assistant Spiritual Director – Deacon Al Lundy

SUBMIT HUSBAND AND WIFE APPLICATIONS AT SAME TIME

Please Provide all the information requested and then sign this form. Enclose a pre-registration deposit of \$40.00 (non-refundable), which will be applied toward your total contribution of \$110.00. This fee partially offsets the expense of your Cursillo. **Please make checks payable to Cursillo of Bloomington/Normal.**

Date Received: _____ Amount : _____

TO BE FILLED OUT BY THE CANDIDATE

| | | |
|--|--|------------------|
| Name (First & Last): | Preferred Name: | Male Female |
| Spouse's Name (if married): | Single Divorced Widowed Separated | |
| Address: | | Age: |
| City: | State: Zip: | Primary Phone: |
| Occupation: | Email Address: | Secondary Phone: |
| Spouse made Cursillo #: | Date: | |
| Name of Church now attending: | | Denomination: |
| Has your sponsor explained the accommodations to you? Yes No | | |
| Have the follow-up programs (Post-Cursillo meeting, Group Reunion and Ultreya) been explained to you? Yes No | | |
| Has your sponsor told you there is no intercommunion? Yes No | | |
| Do you have any food allergies or specific dietary needs, do you have any physical/mobility limitations, or do you have a sleeping disorder such as need to use a CPAP machine? If yes, to any of these, please explain: | | |
| State briefly why you wish to be involved in the Cursillo movement and what you expect from your weekend: | | |
| Candidate's Signature: | | |

Candidate's Name _____

TO BE FILLED OUT BY THE SPONSOR

Sponsor's Name (First & Last):

Address:

| | | |
|-------|--------|------|
| City: | State: | Zip: |
|-------|--------|------|

| | | |
|----------------|------------------|----------------|
| Primary Phone: | Secondary Phone: | Email address: |
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| | |
|-------------------------------|---------------|
| Name of Church now attending: | Denomination: |
|-------------------------------|---------------|

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|--|---------|
| Where and when did you make your Cursillo? | Number: |
|--|---------|

Sponsor's relationship to the candidate, if any:

How long have you known the candidate?

Why do you feel this person would be a good candidate?

As a sponsor of this candidate, do you feel this person has the physical and mental health needed for the weekend and is not under any emotional strain that might hinder the candidate's weekend? Yes No If no, please explain:

Are you able and willing to accompany the candidate to several Ultreyas? Yes No

If the candidate is not Roman Catholic, have you explained the Catholic liturgical practices at a Cursillo?
Yes No That there is no intercommunion? Yes No

If the candidate is a married man, have you discussed the Cursillo with his wife? Yes No

Will you bring the candidate to the Cursillo Center? Yes No

You must attend the Sponsor's Hour, Apostolic Hour & Clausura. Will you do so? Yes No

Have you explained the post-Cursillo meeting which occurs on Tuesday following the weekend?
Yes No

Are you aware of the importance of minimal contact with your candidate during the weekend, especially if the candidate is your wife? Yes No

No personal gifts or contact with any of the candidates during the weekend.

Sponsor's Signature: