

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

Spiritual Director – Deacon Gary Koerner

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 \$150.00. 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 ...told you there is no intercommunion? Yes			
Have the follow-up programs (Post-Cursillo meeting, Group Reunion and Ultreya) been explained to you? Yes No			
State briefly why you wish to be involved in the Cursillo movement and what you expect from your weekend:			
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:			
By submitting this application to attend a Cursillo weekend, I acknowledge the Cursillo Secretariat does not require full COVID-19 vaccination. I am aware that some of those attending may not be vaccinated and that I will be in close contact with others, vaccinated or not. Due to the nature of a Cursillo weekend, maintaining a six-foot social distance is impractical. Non-vaccinated people are encouraged, but not required to wear face masks at all times except meals. I also understand that I may be in a sleeping room with an unvaccinated person. My signature below indicates my acknowledgement of these conditions.			
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:
Name of Church now attending:		Denomination:
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, have you discussed Cursillo with the Spouse? 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:		