

Diocese of Worcester Massachusetts Cursillo Application

Applicant (please print)

Name:	Address:	City:	State:	Zip:
Telephone:	Email Address:	Date of Birth:	Marital	Status:
# of children: Convert? Y/N	Parish:	Parish City:		
Occupation:	Employed at:	Clubs/Hobbies:		
Disabilities or diet restrictions:				
		Signature	Date	
		oproximately six weeks before the next schedu and you will be notified of future weekend date		tend. If you are unable
Sponsor (please print)				
Name:	Address:	City:	State:	Zip:
Telephone:	Email Address:			
	Sponsor's Signature		Date	
Candidate's Pastor: Do you agree Comments:	that this candidate would bene	efit from a Cursillo experience? Yes or No		
		Pastor's Signature		Date
The cost of the three-day Cursillo we	eekend is \$195. We request th	nat your candidate include a \$25 deposit when	they submit this	form.
Checks should be made payable to Tourish Credit Card payment: (circle one) V		exp date:	Security	# on back of card.
Name on Card:	billing address:	City:	Sta	nte:Zip:
The inability to pay should not deter any	one from applying to Cursillo.			

Contact Information: Sue Leighton 508-278-3155 sleighton1958@gmail.com Please mail completed form to: Sue Leighton 40 Richardson Street Uxbridge, MA 01569 Visit: www.fourthday.org and click on "Schedule" for upcoming weekend dates.