

CURSILLO TEAM APPLICATION

Name _____ Nickname _____

Address: _____

City _____ State _____ Zip _____

Spouse's Name _____ Nickname _____

Phone: Home: _____ Cell: _____

Email: _____

Home Parish/Mission _____

Date of birth _____ Cursillo # you attended as pilgrim: _____

SPECIAL QUALIFICATIONS

YES NO

Are you CPR certified?

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Are you qualified to give medical assistance?

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Which instrument (if any) do you play? _____

YOUR 4th DAY ACTIVITIES

This person is regular in church attendance.

Priest's Signature _____

This person regularly attends Ultreya. (If not, reason must be given.)

Ultreya Lay Rector's Signature: _____

I am observing my Rule of Life.

Your Signature: _____

Date Application Submitted: _____

Please list your previous team experience on page 2 of this application

General Information:

1. Each Cursillista wishing to serve on a team must submit an application.
2. This application will remain of file for three years after the last date served on a team.
3. Your application will not be accepted until you are at least 6 months into your 4th day.

Send application to:

The Cursillo Movement
193 Northwood Lane
Natchitoches LA 71457-7843

CURSILLO TEAM APPLICATION TEAM EXPERIENCE

NAME: _____

Cursillo #	Position Served	Rollo Given