



**APPLICATION FOR CURSILLO *MARCH 8-11, 2012*  
ANGLICAN CURSILLO of CALIFORNIA, INC.**

Name \_\_\_\_\_ Occupation \_\_\_\_\_  
Female ( ) Male ( )

Address \_\_\_\_\_ Phone \_\_\_\_\_  
Street City Zip Work \_\_\_\_\_

E-mail address: \_\_\_\_\_

Date of Birth: Month: \_\_\_\_\_ Day: \_\_\_\_\_ Year: \_\_\_\_\_

Where do you attend Church? \_\_\_\_\_

Denomination \_\_\_\_\_ Active? \_\_\_\_\_

Name of Pastor, Rector or Minister: \_\_\_\_\_

Why do you wish to make Cursillo?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have any Medical, Physical, or Other Needs?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

**This is your application to make Cursillo. You will be sent a letter of acceptance, giving the date and place of Cursillo, along with additional information about the weekend.**

FOR COMMITTEE USE ONLY

Date Received: \_\_\_\_\_  
Date Rec'd by Acceptance Committee: \_\_\_\_\_  
Sponsor Letter Sent: \_\_\_\_\_  
Candidate Letter Sent: \_\_\_\_\_  
Check No.: \_\_\_\_\_  
Date Sent to Rector/a: \_\_\_\_\_  
Date Attendance Confirmed: \_\_\_\_\_

***Upon completion of both sides of this form mail to:  
Linda Bettencourt  
1104 Granada Ct.,  
Antioch, CA 94509  
(925) 757-8291  
e-mail: lindabet@pacbell.net***

## Sponsor's Form

(Please print, or type clearly)

Applicant's Name \_\_\_\_\_ How long have you known him/her? \_\_\_\_\_

In what capacity? \_\_\_\_\_

Sponsor's Name (please print clearly) \_\_\_\_\_

Sponsor's Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ FAX \_\_\_\_\_ E-mail \_\_\_\_\_

Have you received Sponsor training? Yes | Date \_\_\_\_\_ No | Note: You must have received SPONSOR TRAINING to sponsor an applicant to Cursillo. If you haven't received Sponsor training it is available at [www.cursilloca.org](http://www.cursilloca.org) website or contact Linda Bettencourt for more information.

Is there anything happening in your applicant's life that would be helpful for the Rector/a to know about?

\_\_\_\_\_  
\_\_\_\_\_

The cost of the weekend is \$160 per person. Your candidate's weekend has already been paid for by the Cursillo Community. We hope to keep Cursillo experiences free to future candidates. Continuing this dream to support candidates is based on your generosity, and that of the community at large. Checks should be made out to: ANGLICAN CURSILLO OF CALIFORNIA, INC.

When did you make your Cursillo? \_\_\_\_\_ Are you active in a 4<sup>th</sup> Day Group? \_\_\_\_\_

Where did you make your Cursillo? \_\_\_\_\_

Where do you attend church? \_\_\_\_\_

Who will transport your candidate to and from the weekend? \_\_\_\_\_

If different from Sponsor, please give name & phone number \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

## Clergy Form

*(A Pastor need not have had previous Cursillo experience. Still, we value the insight and advice from the Applicant's Pastor.)  
A Cursillo weekend involves individual reflection on the relationship between Christian faith and daily life. As a result, we want to be sensitive to on-going pastoral issues, without tampering with your pastoral relationship. That is why we are asking the following:*

How long have you known this applicant? \_\_\_\_\_

Is there anything happening in this person's life that would be helpful for the Spiritual Director of the weekend to know?

*(Especially including any major life changes.)* \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

*Other Comments:* \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Is he/she active in the church? \_\_\_\_\_ How? \_\_\_\_\_

Have you attended Cursillo? \_\_\_\_\_ Worked a Cursillo? \_\_\_\_\_ Been a Spiritual Director? \_\_\_\_\_ Would like to know more? \_\_\_\_\_

Is there an active Cursillo Community in your parish? \_\_\_\_\_

Based on what you may know about Cursillo, do you recommend this candidate for Cursillo? \_\_\_\_\_

Your name \_\_\_\_\_ Please print Parish \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ FAX \_\_\_\_\_ E-mail \_\_\_\_\_

**Signature of Clergy** \_\_\_\_\_

**MEDICAL TREATMENT RELEASE FORM**

I hereby authorize emergency medical treatment by a qualified and licensed Medical Doctor if I unable to make decisions on my own. This authority is granted only after a reasonable effort has been made to reach the emergency contacts listed below:

Name: \_\_\_\_\_

Address \_\_\_\_\_

**Emergency Contacts:**

Name \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Health Plan Provider ( i.e. Kaiser, Blue Cross. Etc.) \_\_\_\_\_

Primary Physician: \_\_\_\_\_ Phone No: \_\_\_\_\_

List allergies, medication or other medical conditions:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reason for which release is intended: *Anglican Cursillo Weekend on March 8 – March 11,2012 at the Holy Redeemer Center, 8945 Golf Links Rd., Oakland CA 94605*

Signature \_\_\_\_\_ Date Signed \_\_\_\_\_

.....

*Special Dietary Requirements:*

*If you need special meals, due to medical reasons, please list below.*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_