



Filipino Cursillo Diocese of Orange



CURSILLO CLASS WEEKEND APPLICATION FORM

Name of Applicant: _____ Date of Birth: _____

Preferred Name on Name Tag: _____ Home Phone: _____

Home Address: _____ Cell Phone: _____

_____ Email Address: _____

Name of Parish: _____ City of Parish: _____

Occupation/Position: _____ Work Phone: _____

Marital Status: () – Married () – Single () – Separated () – Widowed

Catholic? _____ Married in a Catholic church? () – Yes () – No Convert? _____ How Long? _____

No. of Children: _____ Baptized in church? () – Yes () – No Name of Spouse: _____

Highest Education Attained/Degree: _____ Other (pls. specify) _____

Membership in Religious Organization(s)/Position: _____

Membership in any civic, fraternal or social organization(s)/Position: _____

How often do you: Attend Mass? _____ Go to Confession? _____ Receive Holy Communion? _____

Have you attended a Cursillo weekend class before? () – Yes () – No

If yes, Where? _____ When? _____ Decuria? _____

Do you have any food preference/allergies or special diet needs? (If yes, please specify/) _____

Please advise any health conditions that the Cursillo team should be aware of during the weekend: _____

Close friends now in the Cursillo: _____

Sponsored by: _____ Contact No.: _____

In Case of emergency, who should we contact? Name: _____ Contact No. _____

Applicant Signature: _____ Date: _____

Email completed application to: secretariat@fcdo.net

Please Note: Completion of this form is not an acceptance. A review process will take place and you will be notified by a member of our team once a decision has been made. A donation of \$150.00 will be requested at registration to help defray the cost of the weekend. However, no candidate will be turned away for lack of a donation.