



APPLICATION FOR CURSILLO April 28 – May 1, 2016 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

Order of routing: 1. Sponsor 2.Candidate 3.Sponsor 4.Priest/Pastor/Minister 5. Sponsor 6.Application Coordinator – Linda Bettencourt

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 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 4th 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 _____ Parish _____
Please print

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 at Holy Redeemer Center
on April 28 – May 1, 2016*

Signature _____ *Date Signed* _____

Special Dietary Requirements:

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

