

**PEI CURSILLO MOVEMENT**  
**APPLICATION TO ATTEND CURSILLO WEEKEND**  
*(Please Print Clearly)*

*Date Received:* \_\_\_\_\_ *Approved:* \_ *Sponsor Contacted:* \_ *Letter Sent:* \_

**To Be Completed by CANDIDATE:**

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

Address: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Community: \_\_\_\_\_

Phone: (Home) \_\_\_\_\_

(cell or work) \_\_\_\_\_

E-Mail: \_\_\_\_\_

Age: 20-29            30-39            40-49            50-59            60+

Are you Roman Catholic? Yes        No

Do you attend Mass regularly? Yes    No

Which Parish do you attend? \_\_\_\_\_

Please give the reasons why you wish to attend a Cursillo weekend (use the back of this application if necessary)

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

Marital Status:        Single            Married            Separated            Divorced

Spouse's Name: \_\_\_\_\_

Is your spouse Roman Catholic?    Yes            No

Is your spouse applying to attend a Cursillo weekend?    Yes            No

Please fill out a separate form for spouse

**To Be Completed by SPONSOR:**

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

Address: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Community: \_\_\_\_\_

Phone: (Home) \_\_\_\_\_

(cell or work) \_\_\_\_\_

E-Mail: \_\_\_\_\_

Year of your Cursillo: \_\_\_\_\_ Are you still actively involved in Cursillo?    Yes    No

If yes, what activities? (i.e. Group Reunion): \_\_\_\_\_

Is your candidate a practicing Roman Catholic?    Yes    No

How will you ensure that your candidate is adequately prepared for the weekend?

\_\_\_\_\_  
How will you support your candidate after the weekend?

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

**If the candidate has any special needs (physical/hearing/diet/other) please indicate on the back of this form.**

**THIS FORM MUST BE COMPLETELY FILLED IN AND RETURNED TO:**

Louanne Gavin 3575 Union Rd, Po Box 26, St Louis PE C0B 1Z0

**Or e-mail to:**            l\_delaney@hotmail.com

**Cost of Weekend 75.00**