

CURSILLO WEEKEND TEAM APPLICATION

(Separate form for each person.)

Date: _____

Email: _____

Your Name: _____
(Please Print)

Nickname: _____
(For name tag, etc)

Address: _____

Apt No. _____

City: _____

State: _____

Zip: _____

Residence Phone (____) _____

Business Phone (____) _____

Parish: _____

City/Town: _____

When/Where did you go through your Cursillo Weekend? _____

Previous Team Assignments (Circle all that apply): WEEKEND – Rector, SA, Assistant; CONFERENCE – Rollista, Silent, Musician, Team; PALANCA – Rector, SA, Assistant, Musician, Team; 4TH DAY - Rector, Team; KITCHEN - Rector, SA, Assistant, Musician, Team

Additional Info (dates, locations, etc): _____

Which Rollos have you given? _____

Where have you participated in your 4th Day? _____

Team Preference: CONFERENCE _____ PALANCA _____ KITCHEN _____ 4TH DAY _____

Do you have training in any of the following: Health Care _____ Altar Guild _____ Lay Reader _____
Chalice Bearer _____ Music _____ Instrument(s) Played _____ Song Leadership _____

Additional Info (Artistic talents, hobbies/skills related or not to Cursillo, have access/own a computer, explanation of training, etc.) _____

Are you active in: Group Reunion ___ Ultreya ___ Servant Community ___ Secretariat _____

Do you meet with a Spiritual Director regularly? Yes _____ No _____

Would you like additional information regarding: Group Reunion _____ Ultreya _____
Servant Community _____ Secretariat _____ Spiritual Direction _____ Other _____

I understand and agree that I must attend all team training/workshop activities unless excused by the Weekend Rector(s).

SIGNATURE: _____ DATE: _____

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CLERGY ENDORSEMENT(Name and Title): _____ DATE: _____

CLERGY EMAIL: _____

PARISH NAME: _____

CITY: _____ STATE: _____

MAIL TO:

Episcopal Cursillo – West MO or Kansas
PO Box 14733, Lenexa, KS 66285-0733