

Please submit applications as soon as possible – space is limited

**Cursillo Application**

**Los Angeles Archdiocese - English Cursillo**

Name \_\_\_\_\_ E-mail \_\_\_\_\_

Phone \_\_\_\_\_

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

Parish \_\_\_\_\_ Business/Occupation \_\_\_\_\_

Religion \_\_\_\_\_ Married \_\_\_\_\_ Single \_\_\_\_\_ Divorced \_\_\_\_\_

Age \_\_\_\_\_ Name of Spouse \_\_\_\_\_ Number of children \_\_\_\_\_

Educational Background: High School \_\_\_\_\_ College \_\_\_\_\_ Other \_\_\_\_\_

Any health problems that you think might affect your attendance on the weekend? \_\_\_\_\_

Have you had a nervous breakdown? NO \_\_\_\_\_ YES \_\_\_\_\_ When? \_\_\_\_\_

Has your sponsor answered all your questions and been available in your preparation for Cursillo? Yes \_\_\_\_\_ No \_\_\_\_\_

Please state why you wish to attend Cursillo: \_\_\_\_\_

What Cursillo date are you available to attend? \_\_\_\_\_

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

**THIS IS NOT AN ACCEPTANCE. ALL CORRESPONDENCE WILL BE DONE THROUGH YOUR SPONSOR. A DONATION OF \$100 WILL BE REQUESTED AT REGISTRATION TO HELP DEFRAY THE COST OF THE WEEKEND.**

**\*\*\*\*\* THIS SECTION TO BE COMPLETED BY YOUR SPONSOR \*\*\*\*\***

Sponsor's Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_ E-mail \_\_\_\_\_

Parish \_\_\_\_\_ Date of your Cursillo \_\_\_\_\_

Have you attended a Post Cursillo? \_\_\_\_\_ Do you group regularly? \_\_\_\_\_

Please give some endorsement of candidate: \_\_\_\_\_

**Sponsor:**

**Mail application to:** LA English Cursillos In Christianity - Applications  
c/o Bruno & Dara Galliadi; P.O. Box 3843 La Habra, CA 90632-3843

**or Fax to:** (562) 249-6649; **or E-mail to:** [laarchengcursilloapps@yahoo.com](mailto:laarchengcursilloapps@yahoo.com)

**For questions regarding Cursillo Applications, please call:** 562-691-9080