



**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? _____ Convert? _____ How Long? _____

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

Highest Education Attained/Degree: _____ Others (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: _____

Mail application to: FCDO Pre-Cursillo Chairperson

or email to: tessaci70@yahoo.com

**Diocese of Orange
Office of the Chairperson
10000 Wilshire Blvd., Suite 1000
Beverly Hills, CA 90210**

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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.