



APPLICATION FOR MEN'S AND WOMEN'S WEEKENDS

I. Candidate Information

Name (First, Last): _____ Nickname: _____

Male ___ Female ___ Layperson ___ Clergy ___

Name of spouse or partner (if applicable): _____

Address 1 (Street): _____

Address 2 (City, State and Zip Code): _____

Contact Info (Phone): Home _____ Mobile _____

Contact Info (Email): _____ Sponsor's Name: _____

Emergency Contact: Name _____ Phone _____

What church do you attend? (Name, City, State): _____

Priest / Pastor's Name: _____

Have you been baptized? (Cursillo weekends are open to all baptized Christians): Yes ___ No ___

Why do you want to attend a Cursillo weekend? _____

Do you have any special needs? Please indicate what these needs are and describe in the space below.

Medical: Yes ___ No ___ Physical: Yes ___ No ___ Dietary: Yes ___ No ___ Other: Yes ___ No ___

Marin Cursillo requires that each candidate fill out an emergency medical form. Briefly describe any additional medical, physical, dietary, or other needs you may have below:

Covid-19 Safe Practice: Vaccinations are recommended but proof of vaccination will not be required. However, all Marin Cursillo weekend participants will be asked to test negatively for Covid-19 on the first day of the retreat.

I wish to attend a Marin Cursillo Weekend and do hereby release Marin Cursillo, its directors and /or agents from all liability associated with participating in Marin Cursillo. When your application is accepted, you will be contacted by Marin Cursillo leadership.

Candidate's Signature: _____ Date: _____



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II. Sponsor Information (to be completed by a sponsor)

Name: _____ Church Affiliation: _____

Address 1 (Street): _____

Address 2 (City, State and Zip Code): _____

Contact Info: Home Ph. _____ Cell Ph. _____ Email _____

What year did you make your Cursillo? _____ Where? _____

Are you willing to support your candidate in his/her Fourth Day after the weekend? Yes ___ No ___

Have you attended a sponsor orientation? Yes ___ No ___ If so, when? _____

Sponsor's Signature: _____ Date: _____

III. Completing Your Application

Each candidate is asked to make a \$225 contribution to help defray the cost of the weekend. Checks should be payable to "Marin Cursillo." Should you be unable to make this contribution, scholarships are available. Please send your completed application, along with your emergency medical form, and check, to:

Marin Cursillo—Applications
10 Acacia Rd
Fairfax, CA 94930

For questions and/or additional information, please contact info@marincursillo.com.