

WESTERN KENTUCKY ECUMENICAL CURSILLO APPLICATION

Office Use Only

TO BE COMPLETED BY CANDIDATE

Approved By: _____

Cash: _____

Check: _____

The Cursillo is a three-day experience of renewal learning and sharing in the atmosphere of a Christian community. It is a different experience for everyone. It does not provide a climate for the solution of deep-seated personal problems but is designed to help mature people work toward a Christian way of life with community support. <https://wkycursillo.org/>

Single or married persons over 18 years of age are eligible. Husbands and wives are invited as a couple, and husbands make the Cursillo first. Each person must submit a separate application, and married couples are requested to turn in both applications at the same time, if possible.

APPLICANT'S NAME _____ AGE _____ PREFERRED NAME _____

ADDRESS _____ PHONE# _____

Street

City

State

Zip Code

OF CHILDREN _____ OCCUPATION _____ EDUCATION _____

CHURCH ATTENDING _____ DENOMINATION _____ PASTOR'S NAME _____

SPOUSES NAME _____ AGE _____ OCCUPATION _____

HAVE YOU AND YOUR SPOUSE DISCUSSED THE WEEKEND? _____

SPOUSE ATTENDING WEEKEND? _____ IF NO, WHY? _____ WILLING TO ATTEND NEXT WEEKEND? _____

HOW DID YOU BECOME INTERESTED IN CURSILLO? _____

LIST MEMBERSHIP AND OFFICES HELD IN CHURCH, CIVIC & SOCIAL ORGANIZATIONS: _____

DO YOU REQUIRE A SPECIAL DIET? _____ SPECIFY: _____

ARE YOU PRESENTLY UNDER A DOCTOR'S CARE? _____ PLEASE EXPLAIN: _____

There is no specific charge for the weekend, but you will be given an opportunity to make an offering toward future Cursillos.

The cost of a weekend is about \$60.00 per persons. but do not let inability to contribute deter you. You may give any amount or nothing; only our treasurer will know. We do request a \$5.00 registration fee, given by sponsor with application. This form is an application, and its submittal does not guarantee acceptance. You will be notified by letter upon approval for the weekend.

SIGNATURE _____ DATE _____ SPONSOR'S NAME _____

TO BE COMPLETED BY SPONSOR:

NAME _____ ADDRESS _____

Street

City

State

Zip Code

PHONE# _____ WORK _____ HOW LONG HAVE YOU KNOWN THIS CANDIDATE? _____

WHERE DID YOU ATTEND YOUR WEEKEND? _____

COMMENTS _____

DATE _____ SIGNATURE OF SPONSOR _____

Please return to:

Bro. Jason Buckman
Spiritual Director
10564 Mullins Lane
Robards, KY 42452

OR

Kenny Quinton
Lay Director
2912 Waller Omer Road
Sturgis, KY 42459

CANDIDATE AND SPONSOR PORTION MUST BE COMPLETED IN FULL.**Sponsor, please submit 5.00 registration fee with application.**