Filipino Cursillo Community
Cursillo No. _____
Date: _____
Location: _____

APPLICATION FORM TO SERVE A CURSILLO WEEKEND

Name:
Address:
Home Phone: **Work Phone:** **Cell Phone:**
Email Address:
Name of Group Reunion Team: **Team Reps Name:**
Date of your Cursillo: _____ **Place**: _____ **Cursillo** #: _____ **Table Group /Decuria**: _____
Number of School of Leader (SOL) Attended: **CLW (Cursillo Leaders Workshop)**:
What is your current involvement in the Cursillo Community? _____ _____
Have you attended the Sponsor's Workshop? ___ Yes _____No **When?** _____ **Where**? _____
Have you had any prior experience in serving the Cursillo Weekend? ___ Yes _____No
If yes, list the most recent date first: Cursillo # _____ Date: _____ Place: _____ In what capacity? _____ If delivered a Rollo, what is your rollo? _____
Cursillo # _____ Date: _____ Place: _____ In what capacity? _____ If delivered a Rollo, what is your rollo? _____
Cursillo # _____Date: _____ Place: _____ In what capacity? _____ If delivered a Rollo, what is your rollo? _____
Cursillo # _____ Date: _____ Place: _____ In what capacity? _____ If delivered a Rollo, what is your rollo? _____
Cursillo # _____ Date: _____ Place: _____ In what capacity? _____ If delivered a Rollo, what is your rollo? _____

Filipino Cursillo Community
Cursillo No. _____
Date: _____
Location: _____

Do you have any special talents or skills that may be useful for the weekend which you wish to share with your fellow brothers/sisters?

Please explain. _____

_____

_____

_____

_____

Do you have any health concerns that we should be aware of at this time? ____Yes ___No (If yes subject to review by the medical team.)

_____

_____

_____

_____

_____

In case of emergency, contact: _____ Phone: _____

Insurance Company: _____ Medical Record: _____

In case of medical emergency, do you have hospital preference: Yes___ No____

Name of Hospital: _____

Primary Physician: _____ Telephone No: _____

***SIGNATURE:* _____ *DATE:*_____**

Note: Please submit this application to the Rector/Rectora

FOR THREE DAY COMMITTEE:

Date Received by Rector/Rectora: _____ Date Reviewed by Rector/Rectora _____

Letter of Acceptance mailed: _____

PLEASE FILL-UP THE MEDICAL AUTHORIZATION FORM AS WELL.