



PEORIA CURSILLO IN CHRISTIANITY

Diocese of Peoria

401 N.E. Madison St. Peoria, IL 61603

Ph. (309) 676-5587 Fax. (309) 676-4022

REQUEST FOR RESERVATION

SUBMIT HUSBAND AND WIFE APPLICATIONS TOGETHER

Please provide all requested information, and then sign the form. Each person enclose a pre-registration deposit of \$30.00 (NON-REFUNDABLE), which will be applied toward your total contribution of \$110.00. This fee partially offsets the expenses of the Cursillo weekend. Cursillo is open to candidates who are at least 21 years of age.

TO BE FILLED OUT BY THE CANDIDATE			
Name:		Year of Birth:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Address:		Marital Status:	<input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Separated
City, State, Zip			
Home/Cell Phone #		Work Phone #	<input type="checkbox"/> Widowed
Spouse Name:		Number of Children:	
Church Now Attending:		City:	Pastor:
Employer and Occupation:		Years of Formal Education:	
E-Mail Address:			
Religious and Community Organizations in Which You Are Active:			
<input type="checkbox"/> <input type="checkbox"/>			
<input type="checkbox"/> YES <input type="checkbox"/> NO	Has the follow-up program of group reunion, Ultreya, and the post-Cursillo meeting been explained to you?		
<input type="checkbox"/> YES <input type="checkbox"/> NO	Are you on special medication?		
<input type="checkbox"/> YES <input type="checkbox"/> NO	Are you on a special medical diet?		
<input type="checkbox"/> YES <input type="checkbox"/> NO	Do you have a health problem or physical handicap that might affect your attendance at a Cursillo?		
<input type="checkbox"/> YES <input type="checkbox"/> NO	Has your sponsor explained to you that there is no intercommunion?		
<input type="checkbox"/> YES <input type="checkbox"/> NO	Can you climb stairs?		
State briefly why you wish to be involved in the Cursillo movement, and what you expect from your weekend.			
Candidate's Signature:		Date:	Sponsor's Signature: