



PEORIA CURSILLO IN CHRISTIANITY

P.O. Box 10684, Peoria, IL 61612

(309) 676-5587

REQUEST FOR RESERVATION FOR CURSILLO RETREAT

Please provide all requested information. A pre-registration deposit of \$30.00 can be mailed to the office, which will be applied toward your total contribution of \$150.00. This fee partially offsets the expenses of the Cursillo weekend. Cursillo is open to candidates who are at least 21 years of age. Please submit husband and wife reservations at the same time, whenever possible.

TO BE FILLED OUT BY THE CANDIDATE				
Name:	Called:	Year of Birth:	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Address:		Marital Status:	<input type="checkbox"/> Single	
City, State, Zip			<input type="checkbox"/> Married	<input type="checkbox"/> Divorced
Home/Cell Phone #		Work Phone #	<input type="checkbox"/> Widowed	<input type="checkbox"/> Separated
Spouse Name:		Number of Children:		
Church Now Attending:		City:	Pastor:	
Employer and Occupation:		Years of Formal Education:		
E-Mail Address:		<input type="checkbox"/> E-Mail not for Internet use.		
Religious and Community Organizations in Which You Are Active:				
<input type="checkbox"/> YES	<input type="checkbox"/> NO	Have you participated in any Cursillo activities: Monday night Mass, Ultreya, Day of Renewal, Rekindle programs?		
<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 diet?		
<input type="checkbox"/> YES	<input type="checkbox"/> NO	Do you have a health problem or physical disability that might affect your attendance at a Cursillo?		
<input type="checkbox"/> YES	<input type="checkbox"/> NO	Are you aware that there is no intercommunion?		
<input type="checkbox"/> YES	<input type="checkbox"/> NO	Can you climb stairs?		
State briefly why you wish to make a Cursillo weekend and what you expect from your retreat.				
Candidate's Signature:		Date:	Mentor's Signature:	