PEI CURSILLO MOVEMENT APPLICATION TO ATTEND CURSILLO WEEKEND (Please <u>Print</u> Clearly)

Name:						
Address:						
Postal Code:		Commu	nity:			
Phone:						
Age: 20-29				50-59		60+
Are you Roman Catholic?	Yes	No				
Do you belong to a Parish?	Yes	No				
If yes, which one?						
If the candidate has any spe back of this form.	ecial need	s (physical/he	aring/die	t/other) plea	ase indicate on	the
Spouse/Partner's name (if a	pplicable)	:				
Is your spouse Roman Catho	olic (if app	licable)?	Yes	No		
Is your spouse applying to at	ttend a Cu	ırsillo weekend	1?	Yes	No	
Please fillout a separate forr	n for spoi	ISP				

Contacted: ____

Letter Sent:

To Be Completed By SPONSOR:

Name:			
Address:			
Postal Code:	Community: Email:		
Phone:			
Year of your Cursillo:	Are you still active in Cursillo?	Yes	No
If yes, what activities (e.g. Group	Reunion)?		
How will you ensure that your ca	ndidate is adequately prepared for the wee	kend?	
How will you support your candid	late after the weekend?		
THIS FORM MUST BE COMPLETELY FILLED IN AND RETURNED TO:		Weekend Cost:	
Marianne Cetnarowski: 471 Notre mariannerodgers79@gmail.com	e Dame Street, Summerside, PE C1N 1T2 1-902-786-8055	Contact	: sponsor