

CURSILLO TEAM APPLICATION

Diocese of Savannah

Cursillo# _____ Date _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

AGE _____ HEALTH PROBLEM? _____

MY CURSILLO DATE _____ NUMBER _____ DIOCESE _____

PLAY GUITAR? _____ OTHER INSTRUMENT? _____

LANGUAGE ENGLISH SPANISH

PREVIOUS EXPERIENCE

NUMBER	YEAR	ASSIGNMENT OR DUTIES	TALK PREPARED/GIVEN
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

ARE YOU GROUPING REGULARLY? _____ WHERE & WHEN _____

ARE YOU ATTENDING AN ULTREYA? _____ WHERE & WHEN _____

LAST LEADER'S SCHOOL ATTENDED _____

WHY ARE YOU VOLUNTEERING? _____

COMMENTS _____

I understand that I am committing to all Team Formation meetings and to be present the entire weekend.

SIGNATURE _____ DATE _____

SEND COMPLETED FORMS TO: Andrew Kudarauskas, 153 Hampton Circle, Bluffton, SC 29909 843-705-3435

Checks payable to Cursillo fee \$100 cash check received by _____