

SPONSOR'S APPLICATION
(Please print all information)

NAME _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

EMAIL _____

HOME PHONE _____ WORK/CELL PHONE _____

I ATTENDED CURSILLO # _____ in the DIOCESE of _____

I AM CURRENTLY ACTIVE IN GROUP REUNION _____ AND ULTREYA _____

I HAVE EXPLAINED CURSILLO, INCLUDING THE 4TH DAY TO THIS APPLICANT: _____

I WILL OFFER PRAYER PALANCA FOR THE WEEKEND ON _____

I CURRENTLY WORSHIP AT _____, _____
(Name of church) (City)

- I WILL SUPPORT THIS PERSON IN HIS/HER 4TH DAY BY HELPING HIM/HER BECOME ACTIVE IN A GROUP REUNION, ULTREYA, AND OTHER 4TH DAY ACTIVITIES _____
- ANY REMARKS OR COMMENTS _____

- I HAVE RECEIVED A COPY OF THE SPONSOR'S CHECKLIST. _____
- I HAVE PRAYERFULLY CONSIDERED MY RESPONSIBILITIES AS A SPONSOR, INCLUDING EXAMINING MY OWN FOURTH DAY, FOR COMMITMENT SUCH AS FOLLOWING MY RULE OF LIFE, REGULAR IN THE SACRAMENTS, GROUP REUNION, ULTREYAS, AND PERSONAL WITNESS. _____
- I PLEDGE THAT, WITH GOD'S GRACE AND THE HELP OF THE HOLY SPIRIT, I WILL DO MY BEST TO FULFILL THESE RESPONSIBILITIES.
- **I UNDERSTAND THAT AN ATTENDEE OF A CURSILLO WEEKEND MUST BE AN ACTIVE MEMBER OF AN EPISCOPALIAN, CATHOLIC, OR ELCA LUTHERAN CONGREGATION, AND MUST BE RECOMMENDED BY HIS OR HER PRIEST / PASTOR.**

SPONSOR SIGNATURE _____

This form must accompany the candidate's registration form if mailed, or if registration is accomplished online, must be mailed or faxed to the Cursillo registrar before the candidate is considered registered.

Please mail or fax to: Diocese of West Texas, PO Box 6885, San Antonio, TX 78209, Attn: Cursillo Registrar; or fax: 210-824-1312