

**REGISTRATION FOR CURSILLO, 2008
DIOCESE OF WEST TEXAS**

NAME _____

NICKNAME PREFERRED _____

ADDRESS _____

CITY AND ZIP CODE _____

E-MAIL _____

HOME PHONE _____ WORK PHONE _____ BIRTHDAY _____

OCCUPATION, HOBBIES, INTERESTS _____
(Please include any musical instrument you play)

CHURCH _____ TOWN _____

ANY REMARKS OR SPECIAL CONCERNS (SPECIAL DIET, MEDICAL CONSIDERATIONS, ETC.)

HAS YOUR SPONSOR EXPLAINED ANYTHING TO YOU ABOUT THE FOLLOW-UP FOURTH DAY ASPECT OF CURSILLO?

PLEASE GIVE A BRIEF, FRANK STATEMENT ABOUT WHY YOU WISH TO ATTEND A CURSILLO WEEKEND.

Send this form, signed by the sponsor and the applicant's priest along with the registration fee of \$170.00 to: Cursillo Registrar, POB 6885, San Antonio, Texas 78209. **Make check payable to Diocese of West Texas.** Scholarship assistance is available; contact your priest if this help is needed. Fee must accompany application or it will be returned. If applicant cancels prior to two weeks before Cursillo, a full refund will be made. Less than two weeks before the Cursillo, 1/2 of the total payment will be refunded. No refund will be made for cancellations less than one week prior to the Cursillo.

CLERGY RECOMMENDATION

SIGNATURE: _____

OFFICE PHONE: _____ E-MAIL ADDRESS _____

Note: Scholarship assistance is based on 1/3 from the candidate, 1/3 from the church and 1/3 from the Cursillo Community.