



# Northern Indiana Cursillo® Community Participant Application

Cursillo is an experience of faith for persons coming together to form a Christian Community. It provides a means of finding inspiration and direction for Christian commitment and is designed to help mature people toward a Christian way of life.

**NICCO  
Episcopal  
Cursillo**

**Please Print**

Name:		Sex:	Date of Birth:	Age:
Street:		Home Phone:		
City:	St:	Zip:	Marital Status: S <input type="checkbox"/> M <input type="checkbox"/> D <input type="checkbox"/> W <input type="checkbox"/> If divorced or widowed, how long?	
Education:		Spouse's Name:		
Occupation:		At the time of application, has your spouse already been to Cursillo: Yes No If No, does he/she plan to attend a Cursillo? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Church/City:				
Rector:				
Church & Community Activities:				

State briefly how you became interested in Cursillo and what you expect from it:

<b>Emergency Information</b>	In the event of an emergency please call:	
Name:	Phone:	Relationship:
Personal Physician:	Phone:	
Health insurance Carrier:	Policy #:	
Physical Limitations or Special Dietary Requirements:		

Do you understand that Cursillo consists of three (3) days and three (3) nights, Thursday evening through Sunday evening?  
Yes  No

Have you been advised of the \$65.00 cost of the weekend? Yes  No

Have you been advised that we must have at least a one week notice if you can't make the weekend? Yes  No

Has the follow-up program of Group Reunion and Ultreya been explained? Yes  No

**A non-refundable, non-transferable deposit of at least \$30.00 must accompany each application. Checks made payable to NICCO. The balance due will be collected at the time of registration. Application and deposit MUST be submitted thirty (30) days prior to the weekend date.**

Sponsor's Name:	<b>Mail to:</b> Louann Smith 53571 Baltimore Oriole Drive Bristol, IN 46507 (574) 848-0801 jlhsmith@verizon.net	
Your Signature:	Date:	
Rector's Signature:	Date:	

# Northern Indiana Cursillo® Community

Sponsor Referral (Sponsor complete this side)

Sponsor	Participant
Name: _____	Name: _____
Street: _____	Street: _____
City: _____ St: _____ Zip: _____	City: _____ St: _____ Zip: _____
Home Phone: _____	Home Phone: _____
Work Phone: _____	Work Phone: _____

Where and when did you make your Cursillo weekend? \_\_\_\_\_

Current Parish in which you worship? \_\_\_\_\_

In what Cursillo activities do you participate? Grouping  Ultreya  Study/Sharing

How long have you known the participant? \_\_\_\_\_

What is your relationship with the participant? \_\_\_\_\_

Is the participant related in any way to anyone else on the weekend? \_\_\_\_\_ If yes, whom? \_\_\_\_\_

Why do you feel this person should participate in a Cursillo weekend? \_\_\_\_\_

Does this participant have any physical health needs for the weekend? \_\_\_\_\_

Does this participant have any personal or emotional problems which might hinder their weekend (i.e., a recent divorce, or the death of a close family member)? \_\_\_\_\_

If the participant is married, have you talked with their spouse about Cursillo? \_\_\_\_\_

If the participant is married, does he/she know that they will not room with their spouse? \_\_\_\_\_

Have you informed the participant of the \$65.00 cost of the weekend? \_\_\_\_\_

Have you informed the participant that we must receive a one week notice of cancellation? \_\_\_\_\_

What local Cursillo community can your participant return to? \_\_\_\_\_

Will you assist your participant getting int a Group Reunion? \_\_\_\_\_ Attend Ultreya? \_\_\_\_\_

Will you help care for the needs of your participant's family or pets during the weekend? \_\_\_\_\_

Will you provide transportation for your participant to and from the Cursillo weekend site? \_\_\_\_\_

Comments: \_\_\_\_\_

**Please return this referral and application along with the non-refundable, non-transferable deposit of at least \$30.00 no later than one (1) month prior to the date of the weekend. Application MUST be submitted thirty (30) days prior to weekend date.**

Sponsor's Signature: _____	Date: _____
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**Please note that this application replaces all previous versions. Send in this application or a copy of it ONLY. No previous version will be accepted.**

**Mail to:**  
Louann Smith  
53571 Baltimore Oriole Drive  
Bristol, IN 46507  
(574) 848-0801  
jlhsmith@verizon.net