

CURSILLO TEAM REGISTRATION FORM

(Please Print)

TEAM MEMBER INFORMATION				
Name:		First:	Last:	
Address:		Cell phone ()		Home phone no.: ()
City	State	ZIP	email	
Church:	Location:			

IN CASE OF EMERGENCY	
Name of friend or relative	phone no.: () Cell no.: ()

HEALTH INFORMATION		
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Medical Conditions we should know about?		
Do you take Meds?	At Meals or by Hour of Day?	Do you need us to remind you?
Allergies -		

Notes –

- Paid
-
- Serving as
-
- Sponsor for candidate at weekend?

Send to Kevin Mallon k.mallon@frontier.com Maria Henkle landaupm@comcast.net and Don Erickson ericksod11@gmail.com