

Oregon and SW Washington Episcopal Cursillo Candidate/Pilgrim Application Please print very legibly		Received
		Accepted
		Attended
Name		
Preferred nickname (if any) for nametag		
Are you ordained?	Deacon Priest Bishop In process Wondering about No	
Gender		Pronouns
Age and Date of Birth	Date of birth: ____/____/____ Age: _____	
Address	Street	PO Box
	City	State Zip
Phone	Cell: Area Code () Home: Area Code ()	
Email		
Current church		City/State
Permission	May we have your permission to use your picture and name on the Cursillo website, email, and social media (e.g., Facebook)? Yes No	
Allergies	Foods (list): gluten dairy nuts	
	Tobacco Perfumes Other :	
Any dietary needs for the weekend?	Vegan Vegetarian Low sodium Low carb options	
Any medical needs for the weekend?		
Do you have any emotional or physical problems, or current life situations, which might make your Cursillo weekend difficult? Please describe briefly:		
Emergency contact person	Name/Relationship	Phone
Sponsor	Name	Phone
Your signature	Name	Date
Weekend dates applying for:		

Thank you for your interest in Cursillo. Please give this completed application to your sponsor for submission.

As your weekend approaches, your sponsor will be contacting you with more detailed information.

Candidate application 2-15-2026