

<b>Oregon and SW Washington Episcopal Cursillo Candidate Application</b> Please print legibly		Received
		Accepted
		Attended
Name		
Preferred nickname (if any) for nametag		
Are you ordained?	Deacon   Priest   Bishop   In process   Wondering about   No	
Gender		
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
Occupation		
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    6-30-2018