

Saint Basil Salvatorian Center

30 East Street, Methuen, MA 01844 Phone 978-683-2959 www.saintbasils.org

Office use only
Date App. Rec'd
Check Amount
Check Number
Date Ck Rec'd
Balance Due:

CANDIDATE APPLICATION for Cursillo Weekend

All information provided is kept confidential.

Notes and Instructions (please read carefully and sign below).

This Candidate Application will be processed when the corresponding Cursillo Sponsor Form is received. Send this application to your sponsor or directly to the office at the above address.

- Cursillo welcomes all baptized Christians at least 21 years of age. It is intended to be an instrument of Christian renewal and not a treatment for deep-seated emotional issues nor a substitute for 12-step programs and/or therapy/counseling.
- If a husband and wife are planning to attend, it is recommended to submit both applications at the same time.
- Applicants will be called prior to the Cursillo weekend to which they are being invited. Note: there may be a delay of
 a few months depending on time of year and number of applications. After <u>direct confirmation</u> with applicant by a
 member of the secretariat, both the candidate and sponsor will receive letters with important instructions.
- A contribution of \$150 toward the cost of the Cursillo weekend (which is in excess of \$200 per person) is requested. Donations above \$150 are graciously appreciated. A \$75 non-refundable deposit should be submitted with the completed application (remaining balance due at registration) and checks payable to Saint Basil Salvatorian Center. Cost should not be a deterrent as financial aid is available if needed. Please speak to your sponsor or call the office directly to inquire about a scholarship.
- Each Cursillo weekend starts on Thursday at 6:00 p.m. and concludes (approximately) on Sunday at 6:00 p.m.
- Important: Our volunteer kitchen staff serves over five hundred meals on each Cursillo weekend. We provide a balanced menu which includes protein, fresh vegetables, fruits and carbohydrates. We have a limited capacity to accommodate special dietary requests. We recommend that candidates bring their own food (labeled by name) for each meal if they must be attentive to weights, measures and food content.

APPLICANT INFORMATION: (PLEASE PR	INI)			
Full Name:	Fi	First Name for Nametag:		
Address:	City:	State	: Zip	
Home Phone:				
Email Address:				
Marital Status: Age:	Occupation:	Gender: [] Male [] Female	
Religious Affiliation:	Parish:	Bapti:	zed: [] Yes [] No	
Are you a member of a 12-step program? [(Note: You must have at least one year of please indicate Yes or No; if Yes, please exp. • Medication allergies? [] Yes [] No • Food allergies? [] Yes [] No • Dietary restrictions? [] Yes [] No • Regular medications and/or medical e • Disabilities requiring assistance? [] Yes • Difficulty with stairs? [] Yes [] No	of recovery to attend a Cursillo walain briefly: quipment? [] Yes [] No	veekend.)		
Emergency Contact:	Sponsor I	nformation:		
Name:				
Relationship:				
Phone Number:		mber:	<u> </u>	
Applicant Signature:		Date:		

Saint Basil Salvatorian Center is not responsible for lost, stolen or damaged items.