



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 _____
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CANDIDATE APPLICATION for Cursillo Weekend

Full payment is required at the time of application for Cursillo

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 a weekend of Christian leadership and 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 direct confirmation with the 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 required with this completed application. Donations above \$150 are graciously appreciated. Please make 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.
- Registration starts on Thursday at 6:15 p.m. and the weekend concludes (approximately) on Sunday at 7:00 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. Due to the limits of the kitchen staff, we recommend that candidates with special dietary needs bring their own food (labeled by name) for each meal.

APPLICANT INFORMATION: (PLEASE PRINT) *All information provided is kept confidential.*

Full Name: _____ First Name for Nametag: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Marital Status: _____ Age: _____ Occupation: _____ Gender: [] Male [] Female

Religious Affiliation: _____ Parish: _____ Baptized: [] Yes [] No

Are you a member of a 12-step program? [] Yes [] No Program (if applicable): _____

(Note: You must have at least one year of recovery to attend a Cursillo weekend.)

Please indicate Yes or No; if Yes, please explain briefly:

- Medication allergies? [] Yes [] No _____
- Food allergies? [] Yes [] No _____
- Dietary restrictions? [] Yes [] No _____
- Regular medications and/or medical equipment? [] Yes [] No _____
- Disabilities requiring assistance? [] Yes [] No _____
- Difficulty with stairs? [] Yes [] No Other considerations? _____

Emergency Contact:

Name: _____

Relationship: _____

Phone Number: _____

Sponsor Information:

Name: _____

Phone Number: _____

Applicant Signature: _____ Date: _____

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