



Saint Basil Salvatorian Center
30 East Street, Methuen, MA 01844
978-683-2959
www.saintbasils.org

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All information provided is kept confidential.

Application for Cursillo Renewal Weekend

Please Print Clearly

Name: _____ Marital Status: _____ Age: _____ M/F _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell or Work Phone: _____

Occupation: _____ E-Mail (print legibly) _____

Religious Affiliation: _____ Parish: _____

Please provide an emergency contact:

Name & Relationship: _____ Home/Cell Phone: _____

When did you live your Cursillo?: Year _____ Where? _____

Why do you wish to come to Cursillo Renewal at the present time? _____

Are you a member of 12 step program: YES ___ NO ___ How Long? _____

I intend to sleep at home. I intend to sleep at the center if a room is available.

Do you have any allergies, take any medication, or utilize any medical equipment? Yes ___ No ___

Do you have any disabilities that would require assistance over the weekend? Yes ___ No ___

Describe briefly: _____

Cursillo Renewal is a retreat where the Cursillistas can refocus their goals & ideas, deepen their awareness of the Divine Life, strengthen tired faith by renewed commitment to prayer & sacrifice, sharpen dulled courage to share openly through the personal witness of fellow Cursillistas & where one's self worth is reaffirmed by the unconditional love & understanding poured forth from Jesus through His ministering servants on the team. It is a commitment to cultivate what was planted, to guide what was launched, to nurture what was sparked & to lead by example & personal witness. Similar to the Cursillo itself, the Renewal will be a unique experience for each individual.

This co-ed weekend begins on Saturday, October 26 and ends Sunday, October 27, 2024.

We request a contribution of at least \$125 toward the costs of running the Cursillo Renewal Weekend. The cost is in excess of \$200 per person. Please remit a minimum of \$25.00 with this completed application. Please make all checks payable to the **Saint Basil Salvatorian Center**.

Your Signature

Date of Application