

**METUCHEN CURSILLO MOVEMENT**  
**CANDIDATE APPLICATION FORM**  
(Applicants should be 18 years of age or older)

The Cursillo movement is an instrument of the Catholic Church for the revitalization of Christian life. For the people in the movement, it involves a restructuring of our lives through an ongoing program of sharing. The three day weekend is an introduction to a means of growing and persevering in our faith. It offers an ongoing program of support, with the help of a Christian community, that enables us to be more effective apostles in our home, at work and among friends. In making this application to attend the Cursillo, we ask you to prayerfully consider your purpose in attending. We ask only for the commitment to the weekend; however, it is important that you be open to this experience and to participation in the follow-up program. This is an application ONLY; you will be notified upon acceptance.

*Please print:*

Candidate's Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Telephone: \_\_\_\_\_ E-Mail: \_\_\_\_\_  
Occupation: \_\_\_\_\_ Age: \_\_\_\_\_  
Parish: \_\_\_\_\_ Religion: \_\_\_\_\_  
Marital Status: \_\_\_\_\_ # Children: \_\_\_\_\_  
Spouse Name: \_\_\_\_\_  
Has spouse made a Cursillo? \_\_\_\_\_ When: \_\_\_\_\_

Sponsor's Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Telephone: \_\_\_\_\_ E-Mail: \_\_\_\_\_  
Parish: \_\_\_\_\_

*Please answer the following:*

List membership in any apostolic, religious or secular organizations and any offices held:

Why do you want to make a Cursillo? \_\_\_\_\_

Have you attended any Cursillo functions? \_\_\_\_\_ What kind and where: \_\_\_\_\_

Have you been told that the Cursillo weekend is to prepare you for the post Cursillo period called the 4th Day? \_\_\_\_\_

Please check the following that apply to you:

Pregnant:  Due Date: \_\_\_\_\_ Special Needs: \_\_\_\_\_  
(Expectant mothers must present written permission from doctor)

Dietary Problem:  Heart Condition:  Other Physical Impairments:

Please Describe: \_\_\_\_\_

As part of this experience, we would like to contact family and friends who will support you on this spiritual journey. Please provide contact information:

Name: \_\_\_\_\_  
Relation to you: \_\_\_\_\_  
Telephone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Name: \_\_\_\_\_  
Relation to you: \_\_\_\_\_  
Telephone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Name: \_\_\_\_\_  
Relation to you: \_\_\_\_\_  
Telephone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Date of Cursillo you wish to attend:

Men's Weekend, April 15, 16, 17, & 18, 2010

Women's Weekend, April 29, 30, May 1, & 2, 2010

Candidate Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**The following must be completed by a priest or deacon.**

**If this presents a problem, please discuss this matter with your sponsor.**

Priest or Deacon Name: \_\_\_\_\_

Parish: \_\_\_\_\_

Do you know the candidate? Yes / No

Are you aware of any emotional problems? Yes / No

If yes, explain: \_\_\_\_\_

Is there an active Cursillo Community in your parish? Yes / No

Have you made a Cursillo? Yes / No If yes, what year: \_\_\_\_\_

Have you ever served as a Spiritual Director? Yes / No

Would you be interested in serving as a Spiritual Director on a Team? Yes / No

Candidate recommended to participate in Cursillo Weekend: \_\_\_\_\_ Yes \_\_\_\_\_ No

Priest/Deacon Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## **Metuchen Cursillo Movement**

**Men's Weekend: April 15, 16, 17, & 18, 2010**

**Women's Weekend: April 29, 30, May 1, & 2, 2010**

**Blue Army Shrine Of Our Lady Of Fatima  
Washington, N.J.**

Finances:

A \$100.00 non-refundable deposit must be submitted with the application so that a reservation may be made for you at the Blue Army Shrine Of Our Lady Of Fatima, Washington, N.J. The total cost of the weekend will be \$225.00 per candidate.

If you have any questions or concerns, please contact Dr. Anthony Tangorra, Lay Director, at 908-766-1900, or email: [drtangorra@yahoo.com](mailto:drtangorra@yahoo.com)

NOTE: Your Sponsor will be assigned to you at a later date.

**Mail your application with deposit to:**

**Dr. Anthony A. Tangorra  
334 Mt Airy Road  
Basking Ridge, NJ 07920**

Please make checks payable to:

**METUCHEN CURSILLO MOVEMENT**