



## *Cursillo of the Archdiocese of Kansas City in Kansas*

### **Candidate Requirements:**

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1. Must be a baptized Roman Catholic
2. Be able to receive the Sacraments of Eucharist and Reconciliation
3. Be either single, divorced, or in a sacramental marriage recognized by the Roman Catholic Church
4. Have no serious emotional or psychological problems
5. Be living in accord with the teachings of the Church.
6. Have received the booklet "The Cursillo Movement – What is it?"

### **Sponsor Requirements:**

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1. Active in weekly friendship group reunion or currently seeking a friendship group
2. Attend Ultreya regularly (An eligible co-sponsor can be provided)
3. Understand the responsibilities of sponsorship as outlined in the "Sponsor's Booklet."

**COST: A free will donation is requested on Sunday during the Cursillo weekend.**

Please mail the completed application to:

Kathy Ducey  
15962 152nd Street  
Bonner Springs, KS 66012

If you have any questions, please contact Kathy at  
**816.804.9324**                      **kducey@sunflower.com**

### **Note:**

Please be certain all portions of the application are complete and submit it at least two weeks prior to the weekend.

Candidates and Sponsors will receive a confirmation letter once the completed application has been processed.



***CURSILLO WEEKEND APPLICATION:***

This Section to be filled out by the Applicant. Please print or type.

Last Name \_\_\_\_\_ First \_\_\_\_\_ Initial \_\_\_\_\_

Street Address \_\_\_\_\_ City & State \_\_\_\_\_

Zip Code \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Work Phone \_\_\_\_\_ e-mail \_\_\_\_\_

Date of birth \_\_\_\_\_ Age \_\_\_\_\_ Married? \_\_\_\_\_ If yes, in the Catholic Church? \_\_\_\_\_

Widowed? \_\_\_\_\_ Divorced? \_\_\_\_\_ Single? \_\_\_\_\_ Spouse's name \_\_\_\_\_

If Married has your spouse lived the Cursillo? \_\_\_\_\_ If yes, When? \_\_\_\_\_ If no is

he/she interested in the Cursillo \_\_\_\_\_ Your parish \_\_\_\_\_

Business or Occupation \_\_\_\_\_

Educational Background \_\_\_\_\_

Parish Activities/Ministries you are involved in & to what degree

\_\_\_\_\_  
\_\_\_\_\_

Any Health Problems or diet requirements? \_\_\_\_\_

T-Shirt Size \_\_\_\_\_

Please State in your own words why you want to live a Cursillo \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Has the Follow-up Program of Group Reunion and Ultreya been explained to you? \_\_\_\_\_

Do you think you will be able to participate in the Follow-up Program? \_\_\_\_\_

Date \_\_\_\_\_ Your Signature \_\_\_\_\_

**SPONSORS SECTION:** This Section to be filled out by the Sponsor.

Please Print or Type:

Sponsor's Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_ Email: \_\_\_\_\_

Ultreya \_\_\_\_\_ Cell Phone \_\_\_\_\_

Did you give the Applicant the Booklet: "The Cursillo Movement: What Is It? \_\_\_\_\_

Do you have a "Sponsors Booklet?" \_\_\_\_\_ Did you explain Group Reunion and Ultreya

to your Applicant? \_\_\_\_\_ Do you regularly attend Group Reunion and Ultreya? \_\_\_\_\_

Please explain why you think this Applicant should live a Cursillo \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Date \_\_\_\_\_ Sponsor's Signature \_\_\_\_\_

**PRIEST'S SECTION:** Sponsor should now take the Application to the Applicants Parish Priest. This Section to be filled out by the Parish Priest. Please Print or Type.

Priest's Name \_\_\_\_\_ Parish \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Father, whatever information you can give regarding this Applicant, especially his/her maturity as a person who can be an influence on others by his/her lifestyle, will be most helpful

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date \_\_\_\_\_ Priest's Signature \_\_\_\_\_

Please return this completed application no later than **four weeks prior** to the start of the Cursillo Weekend to:

Kathy Ducey  
15962 152nd Street  
Bonner Springs, KS 66012