Diocese of East Carolina Cursillo Team Application

We are excited about every community member wanting to participate in a Cursillo weekend! By submitting this application, you will agree to:

• Attend team meetings, the entire Cursillo weekend, and clean up after Clausura

Cursillo Weekend/Year (i.e. Fall 1981):

Parish Name:

- Continue to be an active community member through Group Reunion and/or Ultreya events
- To advertise the weekend within your parish via newsletters, word of mouth marketing, etc.
- Submit a **non-refundable deposit of \$75.00** along with this application (with the cost of the weekend being \$275.00 in total, including deposit.)*

PLEASE NOTE: Make checks payable to "Episcopal Cursillo Ministry". If unable to attend, team fees have a one-time transfer to any future Cursillo weekend. All fees must be paid on/before the final team meeting to Weekend or Observing Rector. Financial assistance is available. Contact Weekend Rector if assistance is needed. Cost should never be a reason that you don't serve on a team!

When/Where Shall You Serve?

Which team position(s) are you interested in?:

Camp Coordinator	 Decuria 	 Kitchen Cha 					
o Palanca	□ Table Cha	□ Sacristan					
Personal Information							
First Name:		Last Name:	Last Name:				
Gender:		Birthday (mm/dd/yy):					
Preferred Name:							
Street Address:							
City/State:		Zipcode:					
Phone Number:		Home or Cell?:					
Email:		·					

Parish City:

Emergency Contact Information									
Contact Name:									
Phone Number:		Relationship:		tionship:					
		·		<u> </u>					
Team Experience/Information									
When/whe	re did you make you	r Cur	sillo?:						
Would you be willing to give a rollo? • Ye		□ Yes		□ No □ Maybe					
If willing, w									
(Lay Rollos: Ideals, Laity, Piety, Study, Action, Leaders, Environments, or Christian Community in Action)									
Describe Previous Team Experience									
Any Talents or Skills?									
Please list any	and all health probl	lems, c	lietary	y restriction	is, or special needs.				
All information is kept in strict confidence and disclosed solely on a need-to-know basis. Include allergies, physical limitations, and any other circumstances that might affect you during the weekend.									
If serving with a spouse/significant other, please list name here:									
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Applicant Signature:					Date:				

THANK YOU!

MAIL DEPOSIT MONEY/CHECKS TO:

Margaret Suggs, Cursillo Registrar 3753 Dover Dr. Ayden, NC 28513

Phone: (252) 531-5807 Email: cursilloregistrar4ec@gmail.com