

# CANDIDATE APPLICATION

## Maryland Episcopal Cursillo – Three Day Weekend

Preferred title (please circle): Mr. – Mrs. – Ms. – Dr. – The Rev. – The Right Rev.

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail address: \_\_\_\_\_ @ \_\_\_\_\_

Occupation: \_\_\_\_\_ Marital Status \_\_\_\_\_

Name to be used on button \_\_\_\_\_ Date of birth \_\_\_\_\_  
Month/Day/Year

Home parish: \_\_\_\_\_ Clergy \_\_\_\_\_

Do you require accommodations to satisfy dietary, physical, or medical restrictions? No \_\_\_\_\_ Yes \_\_\_\_\_  
Please detail if YES \_\_\_\_\_

Has your sponsor(s) discussed your participation in the 4<sup>th</sup> Day in grouping, attending Ultreyas, and participating in a 4<sup>th</sup> Day workshop? No \_\_\_\_\_ Yes \_\_\_\_\_

***After prayerful consideration, please write a brief statement about why you want to attend a Cursillo weekend on the back of this form.***

\_\_\_\_\_  
Candidate's Signature / Date

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

### Clergy Endorsement:

I know the above-named person and am aware that he/she is submitting an application to attend a Cursillo Weekend. I am not aware of any issues that would preclude this candidate's participation in Cursillo at this time.

\_\_\_\_\_  
Clergy Name (Signature)

\_\_\_\_\_  
Name of Parish

\_\_\_\_\_  
Clergy Name (Printed)

**PLEASE SCAN AND EMAIL THIS FORM TO:**

**[Marylandepiscopalcursillo@gmail.com](mailto:Marylandepiscopalcursillo@gmail.com)**

***Contact us at the above address for technical assistance.***

**FEES SHOULD BE MAILED TO THE MARYLAND EPISCOPAL CURSILLO**

**c/o Wamahdri Williams, MD 64, Assistant Lay Director,  
618 Hidden Pond Lane, Severna Park, MD 21146**