

# Cursillo Application

Please print

Mr. Mrs. Ms. Dr. Rev.

Name \_\_\_\_\_

Name On Name Tag \_\_\_\_\_

Email: \_\_\_\_\_

Street Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Are you confirmed Episcopalian/Anglican? \_\_\_\_\_

Cell Phone \_\_\_\_\_ Smoker? \_\_\_\_\_ Birthday: \_\_\_\_\_  
Month Day Year

Occupation \_\_\_\_\_

Church/Parish \_\_\_\_\_ City of Parish \_\_\_\_\_

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

Street Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_ Zip Code \_\_\_\_\_

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

Sponsor's Parish \_\_\_\_\_ City \_\_\_\_\_

Applicant's Signature \_\_\_\_\_

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

Which weekend you wish to attend: \_\_\_\_\_

Fee: \$175.00 Mail application and deposit of \$90.00 to:  
Fee will go to \$200 in 2014

Episcopal Center For Renewal

P.O. Box 180691

Dallas TX 75218-0099

FAX 214-351-3992

We can take Master Card, Discover and Visa. We need the following information: Amount paid, Card type, name on card, address with zip code, card number, expiration date and signature.

**Cancellation deadline is Noon the Monday before the weekend. No refunds after that deadline.**

For Office Use Only

Fee Paid

Cash/Check/Credit Card

Date Received

Acceptance Letter

Sponsor Letter