



Diocese of Peoria
CURSILLO IN CHRISTIANITY

Illinois Valley Cursillo

220 N. 45th Road Mendota, IL 61342

Spiritual Director - Deacon Ray Fischer

Asst. Spiritual Director – Deacon Vince Slomian

Please provide all the information requested and then sign this form. Enclose a pre-registration deposit of \$20.00 (Non-Refundable), which will be applied towards your total contribution of \$75.00. This fee partially offsets the expenses of your Cursillo.

(For use of registration)

Date Received: _____ Amount \$ _____ Check # _____

TO BE FILLED OUT BY CANDIDATE Please Print

Name: _____		Nickname: _____		Male <input type="checkbox"/> Female <input type="checkbox"/>	
Address: _____				Age: _____	
City: _____	State: _____	Zip: _____	Phone: _____		
Married <input type="checkbox"/>	Single <input type="checkbox"/>	Divorced <input type="checkbox"/>	Widowed <input type="checkbox"/>	Separated <input type="checkbox"/>	
Spouse's name: _____					
Email Id: _____					
Employer or Occupation: _____			Business Phone: _____		
Has husband made Cursillo? Yes <input type="checkbox"/> No <input type="checkbox"/>			If Yes ,Where? _____		
Church currently attending: _____			Church's City: _____		
Church's Denomination: _____					
For Non-Catholic's: Are you aware that inter-communion is not allowed? Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>					
Have the follow-up programs of "Group Reunion", "Ultreyas", and the post Cursillo meeting been Explained to you? Yes <input type="checkbox"/> No <input type="checkbox"/>					
Are you on special medication? Yes <input type="checkbox"/> No <input type="checkbox"/> Are you on special medical diet? Yes <input type="checkbox"/> No <input type="checkbox"/>					
If yes please explain. _____					
Do you have a health problem or physical handicap that might affect your attendance at a Cursillo? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes ,please explain. _____					
State briefly why you wish to be involved in the Cursillo movement, and what you expect from your Weekend. _____					
Candidates Signature: _____					
Return completed form with a minimum \$20.00 deposit to: Cursillo Registration C/O Dave Boylan 1049 Ina Avenue Princeton, IL 61356					
If you have questions, please call Dave at (815) 872-2093 or email dwbsmb@frontier.com					

