

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 _____

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

Which weekend you wish to attend: _____

Fee: \$150.00 Mail application and deposit of \$75.00 to:

Episcopal Center For Renewal

10290 Monroe Dr Ste 101

Dallas TX 75229-5718

FAX 214-351-3992

For Office Use Only:

Fee Paid

Cash/Check/Credit Card

Date Received

Acceptance Letter

Sponsor Letter