

**CURSILLO TEAM ORIENTATION APPLICATION (Please Print)**

Name:(Mr. Mrs. Ms.) \_\_\_\_\_

Name for Nametag \_\_\_\_\_

Email \_\_\_\_\_

Address \_\_\_\_\_

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

Home Phone No.: \_\_\_\_\_ Cell No. \_\_\_\_\_

Home Parish: \_\_\_\_\_ ParishCity: \_\_\_\_\_

Attended Cursillo # \_\_\_\_\_ In Dallas/Fort Worth? \_\_\_\_ If not, what Diocese? \_\_\_\_\_

Would like to serve as the Music Leader on a Cursillo Team? Yes / No  
(Guitar or Keyboard preferred)

Mail application and \$5.00 check to:  
Episcopal Center for Renewal  
10290 Monroe Drive, Suite 101  
Dallas TX 75229

Date of Training: