

TEAM APPLICATION

Please Print and fill in Every Space

NAME _____ nickname: _____

ADDRESS _____

TOWN: _____ state: _____ zip: _____

TELEPHONE: [home] _____ date of birth: _____ E-MAIL _____

Are you a communicant in good standing in, the Episcopal Church? _____

Parish name and location: _____

Parish activities: [note if current] _____

Diocesan activities: [note if current] _____

Cursillo weekend attended as candidate _____ Have you taken a Sexual Avoidance Workshop _____

Are you grouping regularly? _____ Are you attending Ultreya regularly? _____

Have you taken a sexual misconduct avoidance workshop? ____ (If yes, please attach a copy to this form)

Do you support the weekends? If yes, how? _____

Do you play a musical instrument(s)? Please list _____

Cursillo team experience _____

Each cursillista wishing to serve on a team must submit an application. Please understand an application is not a guarantee of being invited to serve on a team.

Signature _____ Date _____

PLEASE FORWARD THIS APPLICATION TO:

*William Gibson
88 Garfield Ave.
Islip Terrace, NY 11752*