



DIOCESE OF CHARLESTON, SOUTH CAROLINA

APPLICATION TO BE ON TEAM									
CURSILLO #		DATE OF CURSILLO:							
Name:		Date of Birth:							
Address:		Gender			F		M		
City; State; Zip Code		City	State		Zip				
Home Phone:		Cell Phone:							
Email Address:									
Name of Parish:									
When/Where I Lived My Cursillo		Team #	Date:	Diocese:					
List any Music/ Instrument Talent:									
EMERGENCY CONTACT									
Name:									
Relationship:		Phone:							
ANY HEALTH PROBLEMS, DIETARY RESTRICTIONS, OR SPECIAL NEEDS?									
PREVIOUS CURSILLO TEAM EXPERIENCE:									
Cursillo #	Year	Assignment		The ROLLO	ROLLO: backup or Primary				
TEAM APPLICANT INFORMATION AND SIGNATURE									
	Yes	No							
Are you grouping?			Where & When?						
Are you attending SOL?			Where & When?						
Are you attending Ultreya?			Where & When?						
Reason for Volunteering on Team									
I agree to attend every team meeting:									
Signature of Applicant:				Date:					
				Team Applicant: Please submit this to Rector or Rectora					