## **Sponsor Information** Please PRINT or use Adobe Reader to complete

Candidate's Nam	le:				
Sponsor 1 Infor	mation (Only	one Spons	or is required)		
Name:		Address:			
City:	State:	_ Zip:	Phone: Home	Mobile	
Email:	Parish:		Date and Place of yo	ur Cursillo:	
Are you active in Do you have a G	Group Reunion? roup Reunion for y	our Candid	ate to attend?		
Sponsor 2 Infor	mation				
Name:		Address:			
City:	State:	_ Zip:	Phone: Home	Mobile	
Email:	Parish:		Date and Place of yo	ur Cursillo:	
-			ate to attend?		
<ul> <li>To arrange for you</li> <li>To ensure that you</li> <li>To pray and sacrifi</li> <li>To be living the Cu</li> <li>To support Cursille</li> <li>To arrange a Group</li> </ul>	sillo weekend, Cursillo	ation to and f ic. Reunion and v Cursillista.		date.	
As a Sponsor, I u	inderstand and agre	e to the abo	ove responsibilities:		
Sponsor 1 Signat	ture:		Date:		
Sponsor 2 Signat	ture:		Date:		
Submit application Email: precursill	on to: o@arlingtoncursill	<u>o.org</u>			

Mail: Leanne Dalton, 13 Halifax Court, Stafford, VA 22554