Sponsor Information Arlington Diocese Cursillo

Candidate's Name:				
Sponsor 1 Information	(Only	one Sponsor	is required)	
Name:		Address:		
City:	State:	Zip:	Phone: Home	Mobile
Email:	Parish: _		Date and Place of you	ur Cursillo:
Are you active in Group Do you have a Group Re			attend?	
Sponsor 2 Information				
Name:		Address:		
City:	State:	Zip:	Phone: Home	Mobile
Email:	Parish: _		Date and Place of you	ur Cursillo:
Tell the Team about you	·		e Sponsoring him/her:	
The responsibilities of Spor - To explain the Cursillo we - To arrange for your Candi - To ensure that your Candi - To pray and sacrifice for y - To be living the Cursillo W - To support Cursillo Week - To arrange a Group Reun - To introduce your new Cu	ekend, Cursillo idate's transpor idate is a Catho our Candidate. lethod (Group Fend functions. ion for your nev	tation to and f lic. Reunion and Ul v Cursillista.	ltreyas).	date.
As a Sponsor, I understa	nd and agree t	o the above r	esponsibilities:	
Sponsor 1 Signature:			Date:	
Sponsor 2 Signature:	ure:Date:			

Submit form to:

Email: precursillo@arlingtoncursillo.org

Mail: Arlington Diocese Cursillo, PO Box 50447, Arlington VA 22205