

LUTHERAN CURSILLO OF SOUTHERN CALIFORNIA

Individual Reservation Request

What is required to attend an LCSC Weekend?

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 ight)$ You must be baptized and in regular attendance and/or active in ministries within your Lutheran Congregation.
- (2) The Pastor or Cursillo representative from your church must endorse this application with his/her signature.
- (3) Married Couples... In accordance with Cursillo policy (if both are members of a congregation), it is strongly recommended that the couple attend weekends back to back. The husband attends the first weekend of the pair, the wife attends the following weekend. Engaged couples are encouraged to attend once married. Single persons should attend the appropriate male/female weekend. If there are special circumstances (i.e. non-believing spouse, couples attending different churches, etc...), these must be addressed to the LCSC Secretariat for special consideration.
- (4) You must attend for the full weekend, Thursday evening through Sunday early evening. You must be able to sit and pay attention for extended periods of time, be able to care for your own personal hygiene and be free of medications that may physically/emotionally/mentally impair your participation in the weekend. Except for an emergency, you are asked to be "out of touch" for the three days with any telephone, television or internet, etc... If you cannot be "out of touch", you should wait until you are able. We also ask for your spirit of willingness to participate in all aspects of the weekend.
- (5) Each person wishing to attend must fill out a separate application. Applications must be completely filled out and then given to your Pastor or Cursillo representative for signature and further processing.

PLEASE PRINT OR TYPE AND COMPLETE ONE FORM PER APPLICANT.

Title: □ Mr. □ Mrs. □ Dr. First: □ Ms. □ Miss □ Rev.			M.I.:	Last:				
Home/Mailing Address:		,		<u>'</u>			Apt./Sp. #:	
City:			State:			ZIP Code:		
Phone:		Best Time to Call:						
E-Mail:				□ Over 18 years old?				
Occupation:		Name or Nickname for Weekend Nam						
Marital Status: ☐ Single ☐ Marrie	d □ Separated □ Divorced □ Widowe	d (Tow	hom):					
Home Church:				City:				
Pastor:		How ofte	en do you attend church:					
	special diet and/or any physical/mobility mportant information so that we can ma							
☐ Allergies to Food (i.e. dairy	, nuts, shellfish)							
☐ Medical necessary Diets (i.e. vegetarian, no salt, diabetic, gluten free, etc)								
☐ Medical / Physical Requirements (ie: cpap machine & plug, language or hearing assistance, medications at a specific time, mobility issues, wheelchair assistance, recent surgeries, hygiene assistance)								
Applicant - Please tell us why you would like to attend Cursillo and list in detail your current involvement within your church:								
Applicant Signature:								
Pastor or Cursillo Representative – please explain why this applicant is OR is not a good candidate for Cursillo:								
Pastor or Cursillo Representative Signature:								
Pastor or Cursillo Representative Email:					Date			

Please Note: Reservations are limited. Once approved for a weekend, if the requirements are met and the applicant is endorsed to attend the weekend, a letter of invitation will be mailed to you and your sponsor will contact you to confirm your attendance. At least two sets of weekends are held each year. Should you decline to attend a weekend, you will need to reapply. The following information is for Cursillo purposes only and is private and confidential.



PLEASE <u>PRINT CLEARLY</u> OR <u>TYPE</u> AND COMPLETE ONE FORM FOR EACH APPLICANT.

Carefully review the sponsor guidelines before sponsoring anyone. Send the completed application to the address below. Married couples should have the same sponsor(s). A non-refundable donation of \$25 for each pilgrim sponsored is requested. The goal of the movement is to inspire, challenge and equip local church members for Christian action in their lives, homes, churches and communities.

SPONSOR INFORMATION								
Name (first / last):								
Address:								
City:	State:		ZIP Code:					
Email:	Phone:	Phone:		all:				
Applicant's Name (first / last):								
Is this applicant a baptized member in regular attendance and/of a Lutheran church?	or active in ministries	□Yes □No						
If applicable, did you discuss Lutheran Cursillo with the applica	nt's spouse?	□ Yes □ No						
Will both be applying to attend the weekend?		□ Yes □ No*						
*If answered No, please explain briefly:								
Why do you think this person is a good candidate for a Cursillo	weekend?							
Briefly state the applicant's attitude toward Lutheran Cursillo:								
With leadership in mind, what do you expect this person to gai	n from the Cursillo exp	erience?						
How, specifically, will you support this applicant during his/her f	fourth day?							
Other pertinent information about the applicant:								
I/We have prayerfully considered sponsoring this applicant, une guidelines, and with the Lord's help will do my/our best to mee			the sponsor's					
Sponsor Signature: Sp	oonsor Email:		Date	e:				
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SUBMIT APPLICATION VIA EMAIL TO:

registrar@lcsocal.org