



# Individual Reservation Request

PLEASE PRINT LEGIBLY OR TYPE AND COMPLETE ONE FORM PER APPLICANT.

**What is required to attend an LCSC Weekend?**

- (1) You must be a baptized member in good standing of a Lutheran congregation. For LCSC, a Lutheran congregation includes any organized congregation, mission start, or Synodically Authorized Worshipping Community (SAWC) that is affiliated with a recognized Lutheran body (such as but not limited to the ELCA, LCMS, NALC, LCMC, etc.).
- (2) Your Pastor must endorse this application with his/her signature. If your church does not currently have a pastor, or if your pastor has not been through Cursillo, the Cursillo representative from your church may sign the application. (3) You must be able to attend for the full weekend, Thursday evening through Sunday early evening.

**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.

Title: <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Dr. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss <input type="checkbox"/> Rev.		First:	M.I.:	Last:
Home/Mailing Address:				Apt./Sp. #:
City:		State:	ZIP Code:	
Phone: (H) _____ (C) _____		Best Time to Call:		
E-Mail: _____			<input type="checkbox"/> Over 18 years old?	
Occupation:		Name or Nickname for Weekend Name Tag:		
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed				
Home Church:			City:	
Pastor:		How often do you attend church:		
SPECIAL NEEDS? If you require a special diet and/or any physical/mobility accommodations, please check the applicable box below and give a detailed explanation. This is very important information so that we can make sure you can fully experience all the events/activities throughout the weekend.				
<input type="checkbox"/> Allergies to Food (i.e. dairy, nuts, shellfish)				
<input type="checkbox"/> Medical necessary Diets (i.e. vegetarian, no salt, diabetic, gluten free, etc...)				
<input type="checkbox"/> Medical / Physical Requirements (i.e., CPAP machine & plug, language or hearing assistance, medications at a specific time, mobility issues, wheelchair assistance, etc.)				
<b>EMERGENCY CONTACTS</b>				
Primary Contact:		Phone: (H) _____	(C) _____	
Alternate Contact:		Phone: (H) _____	(C) _____	
Applicant - Please tell us why you would like to attend Cursillo and list in detail your current involvement within your church:				
<b>MEDICAL AND LIABILITY RELEASE:</b> I, _____, understand that Lutheran Cursillo of Southern California does not have trained medical personnel on the weekends. Therefore, in the case of a medical emergency, I hereby authorize a designated Cursillo team member to call emergency response personnel at 911.				
In addition, I hereby release and discharge Lutheran Cursillo of Southern California and its agents from all claims, demands, actions and injuries sustained to my person or property as a result of any act, omission, or negligence by LCSC while participating in the Cursillo weekend event for which I am applying. I assume all risks of injury to my person and property and hold LCSC completely and fully harmless from all liability.				
<b>Applicant Signature:</b> _____			<b>Date:</b> _____	
<b>Pastor – please explain why this applicant is OR is not a good candidate for Cursillo:</b>				
<b>Pastor Signature:</b>			<b>Date:</b>	
<b>Pastor Email:</b>			<b>Phone:</b>	



# LUTHERAN CURSILLO OF SOUTHERN CALIFORNIA

**PLEASE PRINT  
CLEARLY OR TYPE 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.

<b>SPONSOR INFORMATION</b>		
Name (first / last):		
Address:		
City:	State:	ZIP Code:
Email:	Home Phone:	Cell Phone:
Best time to call:		
Applicant's Name (first / last):		
Is this applicant a baptized member in regular attendance and/or active in ministries of a Lutheran church?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If applicable, did you discuss Lutheran Cursillo with the applicant's spouse?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Will both be applying to attend the weekend?	<input type="checkbox"/> Yes <input type="checkbox"/> 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 gain from the Cursillo experience?		
How, specifically, will you support this applicant during his/her fourth day?		
Other pertinent information about the applicant:		
I/We have prayerfully considered sponsoring this applicant, understand my/our responsibilities as outlined in the sponsor's guidelines, and with the Lord's help will do my/our best to meet these responsibilities.		
Sponsor Signature:	Sponsor Email:	Date:

**SUBMIT APPLICATION VIA EMAIL TO:**  
[registrar@lcsocal.org](mailto:registrar@lcsocal.org)