Individual Reservation Request

LUTHERAN CURSILLO OF SOUTHERN CALIFORNIA

YOU MUST BE A BAPTIZED MEMBER IN GOOD STANDING OF A LUTHERAN CONGREGATION TO ATTEND AN LCSC WEEKEND

What is required to attend an LCSC Weekend?

(1) You must be a baptized, active member in good standing of a Lutheran Congregation.
(2) Your Pastor **must** concur in your attending.
(3) Married and Engaged Couples, in accordance with Cursillo policy, are both expected to attend a weekend. The husband attends the first weekend of the pair, the wife attends the following weekend. Single persons attend the appropriate weekend. If there are special circumstances, these are to be addressed to the LCSC Secretariat for consideration.
(4) You must attend for the full weekend, Thursday evening through Sunday early evening. Except for an emergency, you are asked to be "out of touch" for the three days. If you cannot be "out of touch", you should wait until you are able.
(5) Each person must fill out a separate application. The application must be completely filled out before submitting.

Reservations are limited. Once approved for a weekend, your sponsor will receive your letter of invitation and will contact you to confirm your attendance. At least three 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.

PLEASE PRINT OR TYPE AND COMPLETE ONE FORM FOR EACH APPLICANT

Name: Mr. Mrs. Ms. Miss Rev.	First:	M.I.:	Last:
Home/Mailing Address:			Apt. #
City:		State:	ZIP Code:
Phone:	Best Time to Call:		
E-mail:			❑ Over 18 years old
Occupation:	Name or Nickname for Name Tag:		
Marital Status: ❑ Single ❑ Married ❑ Separated ❑ Divorced ❑ Widowed ❑ Engaged (To Whom):			
Home Church:			City:
Pastor (Pastor who signs reverse side):		Synod: ❑ LCMS ❑ ELCA ❑ AALC ❑ Other:	
SPECIAL NEEDS? If you require a special diet or accommodations, please check the applicable box below and give explanation. We do need to know your special needs in advance so that we can care for you on the weekend.			
❑ 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 and plug, language or hearing assistance, medications at a specific time)			
Please tell us why you would like to attend:			
Signature:			Date:

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 suggested.

SPONSOR INFORMATION		
Name (*first and last*):		
Address:		
City:	State:	ZIP Code:
Email:	Phone:	Best time to call:

Applicant's Name (*first and last*):	
Is this applicant a baptized member in good standing of the Lutheran church?	❑ Yes ❑ No
Did you discuss Lutheran Cursillo with the applicant's spouse, if applicable?	❑ Yes ❑ No
Will both be applying to attend the weekend?	❑ Yes ❑ No*
*If answered No, please explain briefly:	
Why is this person a good applicant?	
Briefly state the applicant's attitude toward Lutheran Cursillo:	
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.	

Signature:	Signature:	Date:

APPLICANT'S PASTOR'S INFORMATION
The goal of the movement is to inspire, challenge and equip local church members for Christian action in their lives, homes, churches and communities.
Why do you think this person is a good candidate for a Cursillo weekend?
With leadership in mind, what do you expect this person to gain from the Cursillo experience?
I certify that _____ is a baptized member in good standing of this congregation and is entitled to participate in all Sacraments and privileges of the Lutheran Church. I believe that the Applicant and the Congregation will benefit from the Applicant's experience at the weekend. I am not aware of any emotional or physical condition that would preclude his/her active participation and successful completion of the weekend.

Signature:	Printed Name:	
Church:	Church Address:	
City:	State:	ZIP Code:
Phone:	Email:	

RETURN COMPLETED FORMS TO: LCSC, Attention: Pre-Cursillo
P.O. Box 5203, Cerritos, CA 90703-5203