



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 con-firm your attendance. At least three sets of weekends are held each year. Should you decline to attend three times, 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: _____

Preferred Phone: () _____ Best Time to Call: _____

E-mail: _____ *(Please Print Clearly)*

Occupation: _____ Name or Nickname for Name Tag: _____ Birthdate: _____

Marital Status: Single Married Separated Divorced Widowed Engaged (To Whom): _____

Home Church: _____ City: _____

Pastor: _____ Synod: LCMS ELCA AALC Other: _____
(Pastor who Signs Reverse)

SPECIAL NEEDS? If you require a *special diet, special facilities, or take medications to a time schedule*, please let us know so that we can accommodate your needs. For example, we can arrange *medically directed special diets (i.e. vegetarian, no salt, diabetic, etc.) signing assistance* for hearing impaired etc. **We do need to know special needs in advance however!**

Please tell us why you would like to attend: _____

Signature _____ Date _____

PLEASE DO NOT WRITE IN THIS SPACE
Application Received: _____

Sponsor Information

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's Name: _____
First Last

Address: _____ City: _____

State: _____ Zip: _____ E-mail: _____

Home Phone: () _____ Work Phone: () _____

Applicant's Name: _____

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 not, 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: _____

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

Applicant's Pastor's Information

Please tell us anything about the applicant that may enhance their weekend 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: _____

Phone: _____ E-mail: _____