



**DIOCESE OF CHARLESTON, SOUTH CAROLINA**

APPLICATION TO BE ON TEAM										
CURSILLO #		DATE OF CURSILLO:								
Name							Date of Birth:			
Address:							Gender	F		M
City; State; Zip Code	City				State			Zip		
Home Phone:					Cell Phone:					
Email Address:										
Name of Parish										
When/Where I Lived My Cursillo	Team #		Date:			Diocese:				
List any Music/Instrument Talent:										
EMERGENCY CONTACT										
Name:										
Relationship:					Phone:					
ANY HEALTH PROBLEMS, DIETARY RESTRICTIONS, OR SPECIAL NEEDS?										
PREVIOUS CURSILLO TEAM EXPERIENCE										
Cursillo #	Year	Assignment			The ROLLO	ROLLO: backup or Primary				
TEAM APPLICANT INFORMATION AND SIGNATURE										
	Yes	No								
Are you grouping?			Where & When?							
Are you attending SOL?			Where & When?							
Are you attending Ultreya?			Where & When?							
Reason for Volunteering on Team?										
I agree to attend every team meeting:										
Signature of Applicant:						Date:				

**Team Applicant: Please submit this to Rector or Rectora**