Please help us to keep our records up to date by completing this form.

Preferred Name:	Family name:	Christian Names:	Marital Status:	
Title:	Year of Birth:	Parish / Location:		
Address—No / Str	eet:			
Suburb/City:		State:	Postcode:	
Home Phone:		Mobile:		
Bus. Phone:		Fax:		
Email address:			77 4 - 17 - 17 - 17 - 17 - 17 - 17 - 17	
Cursillo Attended:		Where / When?		
Your Team experie	ence (No / role):			
Are you currently	in a group reunion?	Yes / No		
What parish/dioce are you involved in				
Are you prepared to be on team for a 3-day Cursillo or workshop?		Yes / No		
Are you prepared to assist with a 3-day Cursillo, workshop, or Ultreya?		Yes / No		
Which (if any) mus				
instruments can yo Any comment or o information you th we should know al	ther ink			
retain the informat		n for administration pu		
Signature:		Date:	Date:	
	give this form to your il it to the Database Co		hen completed 06/07	