



# Who Wills It

Men's Cursillo Renewal Registration - Date-\_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ St. \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Church Parish: \_\_\_\_\_

Email Address: \_\_\_\_\_

Special Diet (include foods or allergies): No\_\_ Yes\_\_

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Medications or Ailments (list for safety) No\_\_ Yes\_\_

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Are you Married: No\_\_ Yes\_\_ Was married in a Catholic Church by Priest or Deacon: No\_\_ Yes\_\_

Are you able to receive sacraments: No\_\_ Yes\_\_

Do you have a Spiritual Director? No\_\_ Yes\_\_ How often do you go? \_\_\_\_\_

Do you attend Ultreya? No\_\_ Yes\_\_ Which Ultreya you attend? \_\_\_\_\_

Are you in a permanent spiritual group? \_\_\_\_\_ How often do you meet? \_\_\_\_\_

Do you have a scheduled Holy Hour of adoration? No\_\_ Yes\_\_

How often do you go to confession? \_\_\_\_\_

What spiritual book are you reading? \_\_\_\_\_

Why do you desire to make this renewal? \_\_\_\_\_

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**Mail Renewal Registration to:**

**Pat Bordes**

**110 Greenwood St**

**Rayne La 70578 (cell:337-581-3227)**

[tewbordes@gmail.com](mailto:tewbordes@gmail.com)

You will receive an acceptance letter with instructions for the weekend renewal.