

Eastern Area Cursillo Community (EACC) Member Information Sheet

| | | | |
|------------------|----------------------------------|--|---------------------------|
| Last Name | First Name | Gender | Cursillo # / Date / Place |
| Street Address | <i>if married:</i> Spouse's Name | <input type="checkbox"/> Yes <input type="checkbox"/> No Spouse also member? | |
| City | State Zip | email address | |
| Phone | Best time to call | <input type="checkbox"/> Postal <input type="checkbox"/> Email Newsletter delivery | |
| Church Attending | | <input type="checkbox"/> Yes <input type="checkbox"/> No Add me to the email prayer chain | |

“GOD HAS NO HANDS BUT OUR HANDS TO DO HIS WORK TODAY!”
I would like to participate in Cursillo programs and functions in the future.

Please check all Cursillo weekend activities you would like to help with:

- | | | | |
|-----------------------------------|---|---|--|
| <input type="checkbox"/> Team | <input type="checkbox"/> Entertainment | <input type="checkbox"/> Steering Committee | <input type="checkbox"/> Newsletter |
| <input type="checkbox"/> Kitchen | <input type="checkbox"/> Palanca | <input type="checkbox"/> Church Connection | <input type="checkbox"/> Registration / Membership |
| <input type="checkbox"/> Security | <input type="checkbox"/> Building Service | <input type="checkbox"/> Desserts | <input type="checkbox"/> Office/Mailing Help |
| <input type="checkbox"/> Music | <input type="checkbox"/> Prison | <input type="checkbox"/> other _____ | |

For Liturgical Ministry I could:

- | | | |
|---------------------------------|--------------------------------------|---|
| <input type="checkbox"/> Usher | <input type="checkbox"/> Gift Bearer | <input type="checkbox"/> Eucharistic Minister |
| <input type="checkbox"/> Lector | <input type="checkbox"/> Reader | |

For Music Ministry I could:

- | | | | |
|---|--|-------------------------------------|-------------------------------|
| <input type="checkbox"/> Play guitar | <input type="checkbox"/> Play keyboard | <input type="checkbox"/> Play flute | <input type="checkbox"/> Sing |
| <input type="checkbox"/> Play other _____ | | | |

For entertainment I could:

- | | | |
|-----------------------------------|---------------------------------------|--|
| <input type="checkbox"/> Sing | <input type="checkbox"/> Dance | <input type="checkbox"/> Play musical instrument |
| <input type="checkbox"/> Do skits | <input type="checkbox"/> other: _____ | |

Thank You!