

CANDIDATE REGISTRATION FORM

REVISED 6/17 (ALL OTHER FORMS ARE OBSOLETE)

DeColores Ministries is open to all denominations.

Candidates attending must be 19 years or older.

All information is kept confidential. Please **PRINT CLEARLY** and fill in all the blanks.

Candidate's Name _____ Prefers to be called _____

Candidate's Address _____ City/State/Zip _____

Phone: Home _____ Cell _____ Email Address _____
(###) ###-#### (###) ###-####

Sex: Male Female Birthdate _____ If Married, Spouse's Name: _____

Marital Status (please circle one): Single Married Divorced Widowed Separated

Church Name: _____ Pastor's Name: _____

Church Address: _____ City/State/Zip: _____

Please answer the following questions:

Yes	No	(Please write on the back of this form if you require more room)
<input type="checkbox"/>	<input type="checkbox"/>	Have you ever participated in a Three-Day Cursillo? If yes, what was it called?
<input type="checkbox"/>	<input type="checkbox"/>	Has a DeColores weekend been explained to you?
<input type="checkbox"/>	<input type="checkbox"/>	Have the follow-up meetings and Ultreyas been explained to you?
<input type="checkbox"/>	<input type="checkbox"/>	If you are married, has your spouse been on a DeColores Weekend?
<input type="checkbox"/>	<input type="checkbox"/>	Are you on a special diet? If yes, please explain:
<input type="checkbox"/>	<input type="checkbox"/>	Are you on special medication? If yes, please explain:
<input type="checkbox"/>	<input type="checkbox"/>	Do you have a health problem or physical handicap which requires special accommodations?
If yes, please explain:		
<input type="checkbox"/>	<input type="checkbox"/>	Can we share your name, address & phone with the DeColores Community?

Sponsor's Name _____ Weekend Made # _____

Sponsor's Address _____ City/State/Zip _____

Phone: Home _____ Cell _____ Email Address _____
(###) ###-#### (###) ###-####

Candidate's Signature: _____ Date: _____

Once you have completed this registration form, return it to your sponsor. PLEASE NOTE: There is a \$50 non-refundable fee to cover the cost of the weekend. If you turn down three invitations to attend a weekend, you will need to submit a new registration form & fee.

For Office Use Only: Method of Payment: Cash Check # _____ Credit/Debit Card/PayPal - pay online @ www.swmi-decolores.org, attach receipt

Date Application Received by Pre-DeColores _____

1st Invitation for Weekend # _____ Response _____

2nd Invitation for Weekend # _____ Response _____

3rd Invitation for Weekend # _____ Response _____