



April 22-25, 2010

Lewistown, MT

Men & Women

“Glorious Impossible”

PLEASE PRINT

NAME _____ SPOUSE _____

ADDRESS _____ E-MAIL _____

CITY _____ STATE _____ ZIP _____

TELEPHONE: Home _____ Work _____ Cell _____

RELIGIOUS AFFILIATION _____

EMERGENCY CONTACT: Name _____ Phone _____

SPECIAL DIET _____

MEDICAL NEEDS – do you have any medical condition (physical, emotional and/or mental) or any medication that we should be aware of and/or which may affect your ability to fully participate in Step II?

(Please note this information will be kept confidential and only provided to program leaders in an effort to promote a safe and healthy environment for all participants. The information will not be disclosed to any others unless it becomes necessary for the purpose of seeking treatment on your behalf.)

LIST DATE AND LOCATION OF YOUR CURSILLO – CUM CHRISTO – JOURNEY WEEKEND _____

HOW ARE YOU LIVING THE FOURTH DAY?

Attending Ultreya _____

Prayer Group _____

Group Reunion _____

Bible Study _____

Core Group Member _____

Faith Sharing _____

List ministries in which you are active: _____

APPLICANTS SIGNATURE _____ DATE _____

SIGNATURE OF APPLICANTS PRIEST/MINISTER _____
DATE _____

PLEASE NOTE: A “Free Will” offering will be taken Sunday morning to cover the cost of the weekend. Any checks may be made payable to: Saint Leo’s Ultreya.

Please mail your Registration to: Step II, Saint Leo’s Church, P.O. Box 421 Lewistown, MT 59457 Attention: Ron Hrubes (406) 535-3613

The required Diocesan Liability Release and Confidentiality statement will be available at registration.

Big Sky Cum Christo
Diocese of Great Falls-Billings
P.O. Box 1399 Great Falls, MT 59403

STEP II # _____

STEP II DATE _____

STEP II LOCATION _____

CONFIDENTIALITY

A list of Candidates and Team names, addresses, phone numbers and e-mails is given to those attending a Step II at the end of each weekend. Names, addresses, phone numbers or e-mails are never given to any organization outside of the Step II community.

Do you want your information included? Yes _____ No _____

Applicants Signatures:

Please print: _____

Please sign: _____ **Date:** _____

LIABILITY RELEASE

It is understood and agreed as a condition of being allowed to participate in this Step II, I hereby release and hold harmless the Diocese of Great Falls-Billings, its agents and employees for any loss, damage or personal injury that may occur to me while attending this program, unless it is the result of willful or intentionally wrongful misconduct of the Diocese of Great Falls-Billings, its agents or employees.

Applicants Signatures:

Please print: _____

Please sign: _____ **Date:** _____

*(This signature is **REQUIRED** by the Diocese of Great Falls- Billings to attend a Step II)*