STEP II

September 6-9, 2012

Men & Women

St. Anthony's Church
Laurel, Montana

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 $ 50.00 donation for both the Team and Candidates is asked to be included with this application to help cover the cost of the weekend, no one will be denied because of financial situations. **Make checks payable to: Big Sky Cum Christo - Step II**

Please mail your Registration Form and Registration Fee to:
Big Sky Cum Christo - Step II Box 94 Billings, MT 59103