



**October 1-4, 2009**

**Glendive, MT**

**Men & Women**

***“Go Make a Difference”***

**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 \$25.00 fee for both the Team and Candidates must be included with this application to help cover the cost of the weekend. Make checks payable to: Step II

**Please mail your Registration Form and Registration Fee to:**

**Step II Box 112 Glendive, MT 59330 Attention: Fay Bryhn**

**Application deadline is September 24, 2009**

**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)*