



Men & Women
November 3-6, 2011

“Be Still and Know that I am Lord”

Sacred Heart Catholic Church ● Glendive, Montana

PLEASE PRINT

NAME: _____ SPOUSE: _____

ADDRESS: _____ EMAIL: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ WORK PHONE: _____ CELL PHONE: _____

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 YOUR CURSILLO – CUM CHRISTO – JOURNEY WEEKEND

Date: _____ Location: _____

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:** _____

COST
A Free Will Offering will be taken to cover the cost of Step II

COORDINATOR
Jean Walters (406) 377-1461
(406) 939-4963

MAIL REGISTRATION FORMS TO:
Step II
P.O. Box 112
Glendive, MT 59330

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)*