

Foot Steps
PARISH

BIG SKY CUM CHRISTO
SACRED HEART

P.O. BOX 112
GLENDDIVE, MT 59330

"STEP II RENEWAL" - MEN & WOMENS WEEKEND

October 18 - 21, 2007

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 the Step II Renewal Weekend?

(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 Team and Candidates must be included with this application to help cover the cost of the weekend. Mail completed application form and \$25.00 to:
GLENDDIVE BIG SKY CUM CHRISTO - P.O. BOX 112 - GLENDDIVE, MT 59330

APPLICATION DEADLINE IS OCTOBER 5, 2007

STEP II RENEWAL WEEKEND # 5

Sacred Hear Parish - Glendive, Montana 59330

October 18 - 21, 2007

"It is understood and agreed as a condition of being allowed to participate in this Step II Renewal Weekend, 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, its agents or employees."

Applicants Signature _____ *Date* _____

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

A list of Candidates and Team names, addresses, phone numbers and e-mails is given to those attending a Step II Renewal at the end of each weekend. Names and addresses are never given to any organization outside of the Step II Renewal community. *Please sign below if you **"DO NOT"** want your name and address included on the final list.*

Applicants Signature _____ *Date* _____