



Cum Christo Renewal Weekend

Men & Women

“Jesus, I Trust in You”

October 18, 19, 20, 2019 Sacred Heart Parish Center
316 W Benham, Glendive MT 59330

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 Cum Christo 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 _____

Other ministries in which you are active: _____

APPLICANT SIGNATURE _____ DATE _____

PLEASE NOTE: There will be time during the weekend for a free will offering to help cover the cost of the weekend.

**Please mail your Registration Form to:
Cum Christo Renewal, Box 112, Glendive, MT 59330**

Questions? Please call Dean Mindt 406-939-1619

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

Cum Christo Renewal Weekend #6
Cum Christo Renewal Weekend October 18, 19, 20, 2019
Cum Christo Renewal Weekend Glendive MT 59330

CONFIDENTIALITY

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

Do you want your information included? Yes _____ No _____

Applicant Signature:

Please print: _____

Please sign: _____ **Date:** _____

LIABILITY RELEASE

It is understood and agreed as a condition of being allowed to participate in this Cum Christo 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 of Great Falls-Billings, its agents or employees.

Applicant Signature:

Please print: _____

Please sign: _____ **Date:** _____

*(This signature is **required** by the Diocese of Great Falls- Billings to attend a Cum Christo Renewal Weekend).*