

# Cum Christo Renewal Weekend



## Men & Women

**September 26, 27, 28, 2025**

Sacred Heart Church 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 \_\_\_\_\_

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 Ron Hrubes 406-707-0659**