



**CUM CHRISTO RENEWAL**

***Men & Women***

**September 26-28, 2025**

***St. Bernard Parish***

***226 Wicks Lane***

***Billings, MT 59105***

***PLEASE PRINT***

NAME \_\_\_\_\_ SPOUSE \_\_\_\_\_

ADDRESS \_\_\_\_\_ E-MAIL \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ DOB: \_\_\_\_\_

TELEPHONE: Home \_\_\_\_\_ Cell \_\_\_\_\_

PARISH/CHURCH: \_\_\_\_\_

EMERGENCY CONTACT: Name \_\_\_\_\_ Phone \_\_\_\_\_

SPECIAL "MEDICAL" 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 Cum Christo Renewal? \_\_\_\_\_

*(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-W2E WEEKEND**

**APPLICANTS SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_**

**PLEASE NOTE: A \$50.00 donation for both the Team and Candidates** is asked to be included with this application to help cover the cost of the weekend, no one will be denied because of financial situations.

**Make checks payable to: **Big Sky Cum Christo** (*write Renewal in memo*)**

**Please mail your Registration Form to:**

Cum Christo Renewal Weekend  
P.O. Box 94, Billings, MT 59103

**Please call for more information:**

**Shelly VanWey 406-694-9612 [shellyvanwey@outlook.com](mailto:shellyvanwey@outlook.com)**

# Confidentiality and Liability Release Form

Please complete the below information; bring or send in with your registration form.

Cum Christo Renewal Weekend: 7

Cum Christo Renewal Weekend: September 26-28, 2025

## **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 name: \_\_\_\_\_

Signature: \_\_\_\_\_ 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 name: \_\_\_\_\_

Please sign: \_\_\_\_\_ Date: \_\_\_\_\_

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

**Big Sky Cum Christo  
Renewal Weekend  
P.O. Box 94  
Billings, MT 59103**