



Cum Christo Renewal Weekend

Men & Women

October 13 -15, 2023

Sacred Heart Parish Center • 316 W Benham, Glendive MT 59330

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 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: _____
Core Group Member: _____ Bible Study: _____ Faith Sharing: _____
Other ministries in which you are active: _____

Applicant Signature: _____ Date: _____

****Team is to arrive at 3:00 pm on 10/13***

****Candidates are to arrive at 5:00 pm on 10/13***

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 Chris Ruby (406) 765-7246

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

Cum Christo Renewal Weekend: _____
Cum Christo Renewal Weekend: October 13-15, 2023
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 Name: _____
(Please Print)

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 Name: _____
(Please Print)

Signature: _____ Date: _____

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