

**“STEP II RENEWAL WEEKEND”  
MEN & WOMEN**

**September 25-28, 2008 Great Falls, Montana  
October 23-26, 2008 Glendive, Montana**

**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:

**Please mail Registration Form to: STEP II RENEWAL WEEKEND**  
**Great Falls Step II Renewal Weekend: Bob Meyers 1316 1<sup>st</sup> Ave. S. Great Falls, MT 59401 (Application deadline is September 19, 2008) (406) 453-5304 788-3519**  
**Glendive Step II Renewal Weekend: Swenda Braden Box 547 Beach, ND 58621 (Application deadline is October 17, 2008) (701) 872-4333**

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

STEP II RENEWAL WEEKEND DATES: \_\_\_\_\_  
STEP II RENEWAL WEEKEND # \_\_\_\_\_

**CONFIDENTIALITY**

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, addresses, phone numbers or e-mails are never given to any organization outside of the Step II Renewal community.

Do you want your information included? Yes \_\_\_\_\_ No \_\_\_\_\_

*Applicants Signatures:*

*Please print* \_\_\_\_\_

*Please sign* \_\_\_\_\_ *Date* \_\_\_\_\_

**LIABILITY RELEASE**

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 of Great Falls-Billings, its agents or employees.

*Applicants Signatures:*

*Please print* \_\_\_\_\_

*Please sign* \_\_\_\_\_ *Date* \_\_\_\_\_

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