



Cum Christo Renewal Weekend Men & Women

**February 21-23, 2025
To-Be-Determined
Billings, MT**

PLEASE PRINT

NAME _____ SPOUSE _____

ADDRESS _____ E-MAIL _____

CITY _____ STATE _____ ZIP _____

TELEPHONE: Home _____ 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 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**

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

Confidentiality and Liability Release Form

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

Cum Christo Renewal Weekend: _____

Cum Christo Renewal Weekend: February 21-23, 2025

Cum Christo Renewal Weekend: Billings, MT

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.)

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