## Catholic Journey Experience Registration Bozeman Deanery Secretariat, PO Box 4122, Bozeman MT 59715

Please Print) Al	so available as an electr ng For:		eceivea D	Date:	nom web, dow	nnoau IIISI, I	nen III Out, Sa	ve and prim
Full Name:				Preferred Name:				
Address:			City:			State:	Zip:	<u> </u>
Home Phone:			Cell Pi	l none:				
Email Address:				f Birth:				
Marital Status:			Occup	ation:				
Hobbies, Activities	s, Special Interests:				•			
Catholic: Yes	☐ No Parish:	'			City:			
If Non-Catholic, Re	eligious Affiliation:							
Spouse's Religious	s Affiliation and Ch	urch Commun	ity:					
Are you involved in Church/Parish? If y cell us about your i	yes, please							
-	nealth problems, han	•		s we	 ]Yes □ No	)		
If Yes, Please Expl	lain:							
Special Requests:								
Nearest Relative N	lame:				elationship	:		
Address:				E	mail:			
Home Phone:				С	ell:			
he Catholic Journey is nd experience Catholic xperiences, talks and priendship shared in com xperience, and to share esigned to experience to	amily & Friends For you prefer we do not so a three-day spiritual rer Spirituality as lived and stresentations followed by munity. Catholics live and your own insights with othe richness and beauty of ternoon on Sunday. Eve	newal weekend de shared by ordinary discussion, persor d proclaim the goo others in attendance of Catholic prayer	esigned to catholic nal time food news are ce. Everyo and spiritu	help indivipeople of your reflection ne of good	duals grow in t your gender. The and prayer, methers to inquiry will is welcome a lay perspecti	heir personal he weekend i ne als, laughte You are invine. This three	relationship wit ncludes: Catholer, music, Mass, ited to be prese day journey we	lic prayer , and ent, to eekend is
	sts for your weekend (wh inity to make a free will d					/ been paid b	y previous fees	and donatio
pplicant Signature	<b></b> _				Date			

Applicant: Please complete this side of the application and give the form to your sponsor for their endorsement. Rev 12/2018

## Catholic Journey Sponsor Endorsement Please Print

Please Complete This Form and Return It to The Deanery Secretariat or Weekend Leader As Soon As Possible. This Will Expedite Processing Your Candidate's Registration.

Sponsor Name:									
Address:			City:	City:		State:	Zi	p:	
Home Phone:	Cell P		Phone:		Email:	·			
Catholic: Yes No Registered Member? Yes No									
Parish:	Parish: Parish City:								
	d in Your Parish? I Us About Your Involveme	ent							
<ul> <li>Have you attended a Catholic Journey Experience?  Yes  No</li> <li>Have you read the Sponsor's Letter and do you understand your responsibilities to your Candidate?  No</li> <li>Do you understand the Purpose and Goals of the Catholic Journey Experience?  No</li> <li>If Your Candidate is not Catholic, have you explained the Diocesan Eucharistic Policy? (See Sponsor's Letter in regards to the policy or call and it will be provided to you).  No</li> <li>If your Candidate is an Active Catholic and part of a parish will you contact the Candidate's Pastor and ask for prayer and information about Parish Programs available after the weekend? Yes No</li> </ul>									
How Long Have Candidate?	You Known Your								
In What Capacit									
Why Do You Feel This Person Would Be A Good Candidate?									
If Your Candidate Is Non-Catholic, Will You Support Your Candidate If (S)He Expresses a Desire for Additional Inquiry into The Catholic Faith and Attendance at Sunday Liturgies?   Yes No									
Have You Explained to Your Candidate The Costs Involved, Their Opportunity To Contribute Towards The Weekend And About The Availability Of A Fee Waiver?   Yes  No									
Sponsor Signatu	re:					Date:			
Weekend Leader Approval:					Date:				
Spiritual Director Approval:						Date:			
Accepted for Catholic Journey Experience (Location)						Date:			