CATHOLIC JOURNEY CANDIDATE REGISTRATION Bozeman Deanery Secretariat P.O. Box 4122 Bozeman, MT 59772

PLEASE PRINT

Journey Applying For: Women's Me	n's Date:								
Full Name:	Preferred Name:								
Address: City:	State: Zip:								
Home Phone:	Cell Phone:								
Email Address:	Date of Birth:								
Marital Status:	Occupation:								
Hobbies, Activities, Special Interests:									
Catholic: Yes No Parish:	City:								
If Non-Catholic, Religious Affiliation:									
Spouse's Religious Affiliation and Church Community:									
Are you involved in your									
Church/Parish: if yes, please									
Tell us about your involvement.									
Do you have any health problems, handicaps of or other needs									
we should be aware of? (e.g. Special Diet, Prob									
If Yes, please explain:									
Special Requests:									
Nearest Relative Name:	Relationship:								
Relative Address:	Relative Email:								
Relative Home Phone:	Relative Cell Phone:								
May we contact family & friends for prayer support of you at the Journey? If there is someone we do not contact, please note in names in space below.									
The Catholic Journey is a three-day experience to participate in Catholic Spirituality as lived and shared by Catholic laity. The weekend includes Catholic prayer, topic talks followed by discussion, meals, laughter, music, and friendship shared in community with personal time for reflection and prayer. Catholics proclaim the Good News and extend invitations to continued inquiry, study and experience of the Catholic faith and its rich history and traditions. You are invited to be present, to experience, and to share your own insights with others in attendance. Everyone is welcome. This 3-day Journey is designed to simply experience Catholicism from a lay perspective. The Eucharist is the deepest and fullest sign of our Catholic faith. We ask that you speak with your sponsor or the leadership team regarding the Catholic Church's policy regarding the reception of Communion.									
Prior to the Journey weekend, you will receive an acceptance letter or a notice placing you on a reserve list for a future weekend. DATE:									
APPLICANT SIGNATURE									

APPLICANT: Please complete this side of the application and give the form to your sponsor for their endorsement.

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 the processing of your candidate's application.

Sponsor Name:									
Address:		City:			State:		Zip:		
Home Phone:		Cell Pho	one:		Email:				
Catholic: Yes No			Registered Member? Yes No						
Parish:			Paris	sh City:					
Are You involved in your Parish?									
If so, please describe your involvement.									
Have you read Yes	ded a Catholic Jou the Sponsor's lette No	er and do	you u	nderstand your res					
 Do you understand the purpose and goals of the Catholic Journey Experience? Yes No 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). Yes No If your Candidate is an active Catholic and part of a parish, will you contact the Candidate's Pastor and ask for prayers and information about Parish programs available after the weekend? Yes No 									
How long have y	ou known the								
Candidate?									
In what capacity known the Cand	•								
Why do you feel would be a good	•								
If your Candidate additional inform				•		•		desire for	•
Have you explain towards the wee	<u>-</u>	lidate the	cost	s involved and th	neir oppo	rtunity to	contr	ibute	
Sponsor Signature:						Date:			
Weekend Leader Appro	oval:					Date:			
Accepted for Catholic Journey Experience (Location)						Date:			

Revised: Jan/2019