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

(Place Print) Also available as an electronic form if you received by amail or from web, download first THEN fill out, says and print

| Journey Registerii | ng For: 🔲 Women's | Date: | | | | | | | |
|---|---|-----------------|----------------|---|--------------|--|--|------|--|
| Full Name: | | Preferred Name: | | | | | | | |
| Address: | | | City: | | | | | Zip: | |
| Home Phone: | | | Cell Phone: | | | | | | |
| Email Address: | | | Date of Birth: | | | | | | |
| Marital Status: | | Occupation: | | | | | | | |
| Hobbies, Activities | s, Special Interests: | | | | | | | | |
| Catholic: Yes No Parish: City: | | | | | | | | | |
| If Non-Catholic, Re | eligious Affiliation: | | | | | | | | |
| Spouse's Religious | s Affiliation and Chu | rch Communi | ty: | | | | | | |
| Are you involved in Church/Parish? If y tell us about your i | /es, please | | | | | | | | |
| Do you have any health problems, handicaps or other needs we should be aware of? (e.g. Special Diet, Problem with Stairs) | | | | | | | | | |
| If Yes, Please Expl | ain: | | | | | | | | |
| Special Requests: | | | | | | | | | |
| Nearest Relative N | ame: | | | R | elationship: | | | | |
| Address: | | | | E | mail: | | | | |
| Home Phone: | | | | C | ell: | | | | |
| - | amily & Friends For you prefer we do not o | • | •• | | | | | | |

The Catholic Journey is a three-day spiritual renewal weekend designed to help individuals grow in their personal relationship with Jesus Christ and experience Catholic Spirituality as lived and shared by ordinary Catholic people of your gender. The weekend includes: Catholic prayer experiences, talks and presentations followed by discussion, personal time for reflection and prayer, meals, laughter, music, Mass, and friendship shared in community. Catholics live and proclaim the good news and invite others to inquiry. You are invited to be present, to experience, and to share your own insights with others in attendance. Everyone of good will is welcome. This three-day journey weekend is designed to experience the richness and beauty of Catholic prayer and spirituality from a lay perspective. The weekend begins Thursday evening and ends mid-afternoon on Sunday. Everyone spends the entire weekend at the host facility.

Weekend Fees: The costs for your weekend (which typically total about \$75 per-person) have already been paid by previous fees and donations. You will have an opportunity to make a free will donation on the weekend, if you so choose.

Applicant Signature

_____ Date _____

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 Processing Your Candidate's Registration.

| Sponsor Name: | | | | | | | | | |
|--|----------------------|-------------|-------|-------|--------|--|------|---|--|
| Address: | | | City: | | State: | | Zip: | | |
| Home Phone: | | Cell Phone: | | | Email: | | | | |
| Catholic: Yes No Registered Member? Yes No | | | | | | | | | |
| Parish: | Parish: Parish City: | | | | | | | | |
| Are You Involved in Your Parish? If So, Please Tell Us About Your Involvement | | | | | | | | | |
| Have you attended a Catholic Journey Experience? Yes No Have you read the Sponsor's Letter and do you understand your responsibilities to your Candidate? Yes No 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 prayer and information about Parish Programs available after the weekend? Yes No | | | | | | | | | |
| How Long Have You Known Your Candidate? | | | | | | | | | |
| In What Capacity | ? | | | | | | | | |
| 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 Signature: | | | | | Date: | | | _ | |
| Weekend Leader Approval: | | | | Date: | | | | | |
| Spiritual Director Approval: | | | | | Date: | | | | |

Accepted for Catholic Journey Experience (Location) _____ Date: _____