

Catholic Journey Registration

Bozeman Deanery Secretariat, PO Box 4122, Bozeman, MT 59715

Journey Weekend Women's / Men's Date _____

Name _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Email Address _____ Date of Birth _____

Marital Status _____ Occupation _____

Hobbies, Activities, Special Interests _____

Are you involved in your Church/Parish?

If so, how? _____

Do you have any health problems, handicaps or other needs
we should be aware of? (Diet, Stairs, Food Allergies) Yes / No

Special Requests _____

Emergency Contact _____ Relationship _____

Address _____ Email _____

Home Phone _____ Cell Phone _____

May We Contact Family & Friends For Prayer Support Of You At The Journey? Yes /No ?

If there is someone you prefer we DO NOT contact, please note names below.

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 structured 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 _____

Catholic Journey Sponsor Endorsement

Sponsor Name _____

Address _____ City _____ State _____ Zip _____

Email Address _____

Home Phone _____ Cell Phone _____

Catholic Yes / No Registered Member Yes / No

Parish _____ Parish City _____

Are You Involved In Your Parish? How ? _____

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 Weekend? 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 contact your Parish Priest or the Weekend Leader.)

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 (Location)
Catholic Journey Weekend _____ Date _____