

# ACTS Retreat Registration Form

Adoration, Community, Theology, Service

ACTS # \_\_\_\_\_

Date \_\_\_\_\_

OFFICE USE ONLY

## Please print and complete form

Name: \_\_\_\_\_ Spouse: \_\_\_\_\_

Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: Primary (\_\_\_\_\_) \_\_\_\_\_ Secondary (\_\_\_\_\_) \_\_\_\_\_ Other (\_\_\_\_\_) \_\_\_\_\_  
Underline: home cell work Underline: home cell work Underline: home cell work

E-mail Address: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Family emergency contact person: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone #s: \_\_\_\_\_

Who introduced you to ACTS? Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Is this person attending this retreat with you?  Yes  No Are you married?  Yes  No

Has your spouse attended an ACTS Retreat?  Yes  No Is he or she scheduled to attend?  Yes  No

Are you Catholic?  Yes  No Name of Parish/City: \_\_\_\_\_

Do you belong to another faith?  Yes  No Name of Church/City: \_\_\_\_\_

List any specific dietary or medical needs during this weekend: \_\_\_\_\_

\_\_\_\_\_ I am allergic to: \_\_\_\_\_

You may publish my name on a prayer list for this retreat.  Yes  No

**Total registration payment is \$180. \$90 (minimum deposit) \$** \_\_\_\_\_ Check # \_\_\_\_\_ Date \_\_\_\_\_

Name on account (if other than retreatant): \_\_\_\_\_

If there are financial difficulties, you may submit \$90 and pay the remainder 10 days before the retreat. With extreme financial problems, you may wish to contact your pastor, relatives, or the ACTS CORE facilitator, John Rodriguez, (806-543-9595). Properly completed registrations will be accepted in the order received.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Check the date you wish to attend.

#### WOMEN'S

\_\_\_\_\_ June 8-11, 2017

\_\_\_\_\_ November 2-5, 2017

#### MEN'S

\_\_\_\_\_ February 9-12, 2017

\_\_\_\_\_ August 17-20, 2017

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*Detach and return the above portion to the address below.*

The retreat's goals are to deepen your relationship with Jesus Christ, renew your spirituality, give new meaning to your prayer life and Sunday Liturgy, and build lasting friendships.

The retreat begins Thursday evening and ends early Sunday afternoon following the closing Mass and reception. The cost for per person is **\$180**. If for any reason you cannot attend the retreat, half of your fee will be refunded as long as you cancel three weeks prior to the retreat.

You will receive a letter two weeks before the retreat describing what you will need to bring.

Please mail your registration form and fee to:

ACTS Weekend Retreat  
P.O. Box 16591  
Lubbock, TX 79490-6591