

ACTS Retreat Registration Form

Adoration, Community, Theology, Service

Please print and complete form

ACTS # _____

Date _____

OFFICE USE ONLY

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

I have included a payment of **\$180** **\$90 (min.)** **\$** _____ 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 Raquel Padilla at actscruz@yahoo.com. Properly completed registrations will be accepted in the order received.

Signature: _____ Date: _____

Check the date you wish to attend.

WOMEN'S

_____ **June 9-12, 2016**
_____ **November 3-6, 2016**

MEN'S

_____ **August 18-21, 2016**

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 each 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 16827
Lubbock, TX 79416