

# ACTS Retreat Registration Form

Adoration, Community, Theology, Service

Please Print

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

Date \_\_\_\_\_

OFFICE USE ONLY

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

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

Home Phone: \_\_\_\_\_ Work Phone (optional): \_\_\_\_\_

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

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

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

Name of who introduced you to ACTS? \_\_\_\_\_ Phone # \_\_\_\_\_

Are you married?  Yes  No

Has your spouse attended an ACTS Retreat?  Yes  No Are they scheduled to attend?  Yes  No

Are you a practicing Catholic?  Yes  No Parish/City: \_\_\_\_\_

Do you practice another faith?  Yes  No Church/City: \_\_\_\_\_

Will you have any specific dietary or medical needs during this weekend?  Yes  No

Please state needs: \_\_\_\_\_ I am allergic to: \_\_\_\_\_

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

**I HAVE INCLUDED THE FEE OF \$150.00 no \_\_\_\_\_ yes #ck \_\_\_\_\_**

If there are financial difficulties, you may submit \$75.00 and pay the remainder 10 days before the retreat. With extreme financial problems, you may wish to contact your pastor, relatives or the President of ACTS CORE, Paul Cimino (806) 780-1058. Registrations without the minimum \$75.00 will not be accepted. Properly completed registrations will be accepted in the order received.

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

## Check the date you wish to attend

### WOMEN'S

\_\_\_\_ April 17 – 20, 2008

\_\_\_\_ July 17 – 20, 2008

\_\_\_\_ Oct 16 – 19, 2008

### MEN'S

\_\_\_\_ Jan 31 – Feb 3, 2008

\_\_\_\_ Aug 21 – 24, 2008

*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 **\$150.00**. 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  
806.792.8278