

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, Gery Franklin (806) 792-8278. Registrations without the minimum \$75.00 will not be accepted. Properly completed registrations will be accepted in the order received.

Signature: _____ Date _____

<u>WOMEN'S</u>	Check the date you wish to attend:	<u>MEN'S</u>
Oct. 25 - 28, 2007 _____		July 19 - 22, 2007 _____
April 17 - 20, 2008 _____		Jan. 31 - Feb. 4, 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