



REGISTRATION FORM

**RETREAT ATTENDEE INFO**

_____		_____		_____	
First Name		Last Name		Preferred	
_____		_____	_____	_____	_____
Street Address		City	State	Zip	E-Mail Address
_____		_____		_____	
Home Phone		Work		Cell	

**OVER 21 YEARS OLD?** (Y/N) \_\_\_\_\_ **EVER ATTENDED AN ACTS RETREAT?** (Y/N) \_\_\_\_\_

**Are you a Parishioner of this Parish?** (Y/N) \_\_\_\_\_  
If "NO", what parish or church do you attend: \_\_\_\_\_ **Religion:** \_\_\_\_\_

**If someone invited you, who:** \_\_\_\_\_

**Please check if any specific needs:**  Dietary  Medical  Physical  Financial Assistance  
Please explain: \_\_\_\_\_

**PLEASE NOTE THAT THERE IS NO ALCOHOL ALLOWED ON THE ACTS RETREAT**

**Emergency Contact:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_  
**Phone:** \_\_\_\_\_ **E-Mail Address:** \_\_\_\_\_

<p>To guarantee your reservation, please remit payment for the retreat deposit fee amount of _____ to _____. Full payment of _____ is due by _____. Please note that priority is given to parishioners of _____. <b>PLEASE RETURN THIS COMPLETED FORM WITH PAYMENT TO THE ADDRESS BELOW:</b></p>	<p><b>FOR OFFICE USE ONLY:</b> Scholarship amount requested: _____  Approved by: _____  Signature _____</p>
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If you have questions about the ACTS Retreat or Registration please contact, \_\_\_\_\_, at \_\_\_\_\_.

I understand that ACTS Missions will collect all retreatants information for quality purposes and testimonials. I also understand that ACTS Missions may contact me after this ACTS Retreat to get feedback on my experience and see if I would like to participate and support future ACTS Retreats. I understand that ACTS Missions will NOT release my personal information to outside agencies. Initial here to **OPT-OUT** of ACTS Missions follow up initiatives: \_\_\_\_\_

Retreatant Signature \_\_\_\_\_ Date \_\_\_\_\_