

Team Member Check Here [ ]

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

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

(For office use only)

# ACTS

## Adoration, Community, Theology, Service

### RETREAT REGISTRATION FORM

*Please Print*

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

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

Family Emergency Contact Person: \_\_\_\_\_

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

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

Second Contact Person \_\_\_\_\_

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

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

Who Introduced You to ACTS? \_\_\_\_\_

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 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

My needs are: \_\_\_\_\_ I am allergic to: \_\_\_\_\_

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

### I HAVE INCLUDED THE FEE OF \$175.00

(A **minimum deposit of \$100.00** is required to be put on the list; the **balance of \$75.00** is due before the start of the retreat.)

**Make check payable to Prince of Peace Parish and in the Memo, write ACTS Retreat.**

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

*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 to the Sunday Liturgy, and to build lasting friendships.***

The retreat begins at the Heartland Center for Spirituality in Great Bend, Kansas on Thursday evening and ends Sunday afternoon following the closing Mass and reception.

**The cost for the retreat is \$175.00**

A prompt response is recommended because registrations are made on a ***first received - first registered basis***.

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

**For retreat or registration information contact Lucy Strohl, 620-603-6001, Paula Brozek, 620-793-8172, Mel Waite, 620-564-2518, or Dan Thompson, 620-797-4685.**

\*\*Cancellations made seven or more days prior to the start of the retreat will receive a full refund. The deposit of \$100 will be retained for cancellations made **less than seven days** prior to the start of the retreat.

Label envelope **ACTS Retreat** and mail to

**Lucy Strohl  
718 Wilson  
Great Bend, KS 67530**