

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? _____
 T-shirt size (for men only) _____

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 (Double Occupancy)

(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 (Double Occupancy)

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 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

**Paula Brozek
 2325 Cleveland
 Great Bend, KS 67530**

(rev January 2019)