

NWLA ACTS RETREAT REGISTRATION FORM

ACTS Men's Retreat October 11-14, 2018

The ACTS retreat weekend is hosted by lay members of several local parishes/churches who have themselves been on an ACTS retreat. The goal of the retreat is to deepen your relationship with Jesus Christ, to receive spiritual renewal, to give new meaning to Sunday liturgy and your prayer life, and to build lasting relationships with other members of our community.

NOTE: Due to Diocesan Policy, all applicants must be over 18 years of age at the time of the retreat.

The retreat begins on Thursday, October 11th and ends on Sunday, October 14th following the 12:00 pm Mass at St. Joseph Catholic Church in Shreveport. After Mass, there will be a welcome back reception in the St. Joseph Family Life Center. Round trip transportation from St. Joseph is provided for all retreatants. You will meet for send-off at the St. Joseph Family Life Center on Thursday evening 10/11 at 5:00 PM.

The cost of the retreat (room and board) is \$185.00. Your deposit of \$75.00 must be submitted with this form in order to reserve your place. The remaining \$110.00 is due Thursday at send off. **Please make your checks payable to St. Joseph Catholic Church.** Post Dated Checks will not be accepted and all checks will be processed and deposited upon receipt. We will not hold checks. There will be a \$25 fee for all returned checks. If a retreat date becomes full, your deposit will be returned to you and you may register when registration begins for the next retreat date.

Please note: Financial difficulties should not prevent anyone from attending the retreat. If you are unable to pay all, or part of the fee, financial arrangements can be made by notifying retreat director **Mark Prevot (318) 655-5637**

REGISTRATION FORM, HOLD HARMLESS AGREEMENT, AND EMERGENCY MEDICAL AUTHORIZATION FORM MUST BE MAILED WITH YOUR CHECK TO THE FOLLOWING ADDRESS: NWLA ACTS P.O. Box 52761 Shreveport, LA 71135

These forms can only be accepted by mail and registration is not complete until all forms are filled out completely.

We do not accept forms that are handed in, as each form is numbered as it is received in the mail.

You will be notified by A.C.T.S. when ALL forms and check have been received.

Please contact the Director if you are not notified of receipt within 3 weeks of mailing

Name Please Print Clearly _____ Circle T-shirt size: S, M, L, XL, 2 XL, 3 XL _____ Name as you want it to appear on your Name Tag _____

Address _____ City _____ ST _____ ZIP _____

Home Phone _____ Work Phone _____ Cell Phone _____

Email Address Please Print Clearly _____ Date of Birth _____

Please provide the following for three (3) emergency contacts:

Family member / Friend _____ Home Phone/Mobile Phone _____ Work Phone _____

Family member / Friend _____ Home Phone/Mobile Phone _____ Work Phone _____

Family member / Friend _____ Home Phone/Mobile Phone _____ Work Phone _____

List special dietary or medical needs, if any: _____

Do you have trouble climbing stairs? Yes / No (circle one)

What is the name of the church that you attend? _____
Name City

_____ I have included my deposit of \$75.00 OR _____ I have included the entire fee of \$185.00 OR _____ I have included partial payment with scholarship need