



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: _____

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 _____. PLEASE RETURN THIS COMPLETED FORM WITH PAYMENT TO THE ADDRESS BELOW:	FOR OFFICE USE ONLY: Scholarship amount requested: _____ Approved by: _____ Signature _____
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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 _____