





2024 The Holy Rood Collaborative Men's ACTS Retreat

REGISTRATION FORM

Thursday February 1st thru Sunday February 4th "Praise the Lord, who heals the Brokenhearted"

First Name	Last Name		Nickname / Preferred Name		
Street Address		City		State	Zip Code
-Mail Address		Preferred Phone [Home / Cell / Work]			
Please place check		apply: Dietary Medical ne checked please explain:			
 If someone invite Emergency Conta	•	was it:			
Name:		Relationship:		_	
Dharas		Address:			

PLEASE NOTE: THERE IS NO ALCOHOL AND/OR RECREATIONAL DRUGS ALLOWED ON THE ACTS RETREAT

To guarantee your reservation, please return this completed form and remit deposit of \$ 50.00 or if you wish, the full payment of \$ 260.00. If paying by check, please make it out to 'Saint John the Evangelist Parish' (write 'Men's ACTS Retreat 2024' on the memo line) and mail to: St. John the Evangelist Parish, C/O Men's ACTS, 115 Middlesex Street, North Chelmsford, MA 01863. If you feel you will need financial assistance or pay in installments, please explain in the section above and make sure to place a check mark in the 'Financial Assistance' line.

If you have any questions about this ACTS retreat or registration form, please contact;

Director, Jay Lynch 978.761.1502, jjlynch7@gmail.com, Tim Smith 603.508.2509, TimSmith1976@gmail.com
Peter Lando 617.851.6864, mplando@comcast.net, Steve McMillan 978.987.9575, McMillanSP@gmail.com

l understand that ACTS Missions will collect all retreatant's info	ormation for quality purposes and testimonials. I also
understand that ACTS Missions may contact me after this	ACTS Retreat to get feedback on my experience. I
understand that ACTS Missions will not release my personal in	nformation to outside agencies.
Signature	Date:

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Thursday February1st thru Sunday February 4
St. Thecla's Retreat Center
77 Dudley Rd
Billerica, MA 01821

Please Note: Your arrival time is 5:00PM on Thursday February 1st at St John the Evangelist 115 Middlesex St. North Chelmsford, MA and we will travel together to the retreat center.