

REGISTRATION FORM

RETREAT ATTENDEE INFO						
First Name	Last Name	Last Name			Preferred	
Street Address Home Phone	City	State	Zip	E-Mail Ac	ddress	
	Work			Cell		
OVER 21 YEARS OLD? (Y/N)	E	EVER ATTENDED AN ACTS RETREAT? (Y/N)				
Are you a Parishioner of this Parish "NO", what parish or church do		 Religion:				
If someone invited you, who:						
Please check if any specific needs Please explain:	-	-			tance	
PLEASE	NOTE THAT THERE IS	S NO ALCOHO	L ALLOW	/ED ON THE	ACTS RETREAT	
mergency Contact: Relationship: Phone: E-Mail Address:						
To guarantee your reservation, p to Please note that priority is given PLEASE RETURN THIS COMPLE	Full paym to parishioners of	nent of i	s due by _	·	FOR OFFICE USE ONLY: Scholarship amount requested: Approved by:	
					Signature	
If you have questions ab	out the ACTS Retreat	t or Registratio	on please	contact,		, at
I understand that ACTS Missions v that ACTS Missions may contact n and support future ACTS Retreats	ne after this ACTS Ref . I understand that A	treat to get fee CTS Missions v	edback o vill NOT i	n my experi release my l	ience and see if I would like	e to parti tside age