

Team Member Check Here []

ACTS # _____
Date: _____
(for office use only)

ACTS

Adoration, Community, Theology, Service

RETREAT REGISTRATION FORM

Please Print & fill out form completely

Name: _____ Preferred 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:(not in your household) _____
Relationship: _____ Phone: _____
Address: _____ City/State/Zip: _____
Who Introduced You to ACTS? _____
T-shirt size (for men only): XS S M L XL 2XL 3XL Other: _____
Are you married? [] Yes [] No Has your spouse attended an ACTS Retreat? [] Yes [] No
Is he/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: _____
Difficulty walking? [] Yes [] No Need wheelchair? [] Yes [] No Use walker? [] Yes [] No
You may publish my name on a prayer list for this retreat: [] Yes [] No

I HAVE INCLUDED THE FEE OF \$200 (Double Occupancy) or \$230 (Single Occupancy)
(A minimum deposit of \$100.00 is required to be put on the list; the balance of \$100.00 or \$130 is due before the start of the retreat)

Make check(s) payable to Prince of Peace Parish and write 'ACTS Retreat' in the memo.

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.

A prompt response is recommended because registrations are made on a **first received - first registered basis**.

You will receive a letter two (2) weeks before your retreat describing what you will need to bring for the retreat.

For additional retreat or registration information email retreatinfo@actsdcd.org or visit the website at <https://actsdcd.org/>.

****Cancellations made seven (7) 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 (7) days prior to the start of the retreat.**

Label envelope ACTS Retreat and mail to Prince of Peace Parish, P.O. Box 87, Great Bend, KS 67530