

Notre Dame Catholic Church ACTS Retreat Registration Form

Last Name: _____ First Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Cell: _____ E-Mail: _____

Special Needs? Medical? Yes _____ NO _____ Dietary? Yes _____ NO _____

If Yes, please specify:

List 2 people to contact in case of an emergency:

Name: _____ Address: _____

Relationship: _____ Home Phone: _____ Work: _____ Cell: _____

Name: _____ Address: _____

Relationship: _____ Home Phone: _____ Work: _____ Cell: _____

Name of church of which you are a member: _____

Do you know someone who has been on an ACTS retreat? _____ Name: _____

Do you know someone attending this ACTS retreat? _____ Name: _____

The ACTS weekend retreat is presented by lay Catholic men or women with spiritual direction provided during the weekend. The retreat's goals are to allow an opportunity for you to experience God this weekend and carry it into your daily life, have opportunity to deepen your prayer life, find meaning in your Sunday worship and in gratitude to God find a way to serve in your Church.

The retreat will begin with sendoff on Thursday afternoon from Notre Dame Catholic Church and will end after mass on Sunday at Notre Dame. Round trip transportation will be provided for all retreatants. Our bus is not equipped to accommodate wheel chairs.

Please register **only** if you intend to be present for the entire weekend. The cost of the retreat is \$130.00. Since the retreat is limited to 35 retreatants, a registration fee of \$65.00 will reserve your place on the retreat. **The balance must be paid in full 30 days prior to the retreat.** (Retreatant may make payments prior to retreat.) **The registration fee is only refundable up to 30 days before the retreat.** Checks are to be made payable to Notre Dame ACTS. Please mail your application with deposit or balance to Notre Dame ACTS, P.O. Box 291975, Kerrville, TX. 78029 or drop off your application and fees in a sealed envelope at the Notre Dame Pastoral Center. **Please Note: Financial difficulties should not prevent anyone from attending the retreat. If you have financial concerns, please contact one of the directors of your retreat to discuss how arrangements might be made.**

Signature: _____ Date: _____

You will receive further information ten to fourteen days prior to the retreat. If you have any questions or need more information, please contact one of the directors of the retreat or the ACTS core team.

Date _____ Amount Paid _____ Cash or Check # _____ Balance Due _____