



REGISTRATION FORM

St. Joseph Women's ACTS Mission Retreat
October 29 - November 1, 2020

"Lord, this is the people that longs to see your face". cf. Psalm 24:6

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: _____

The total cost for the retreat is **\$270.00**. To guarantee your registration, please remit payment for the retreat deposit fee amount of **\$50.00** to **St. Joseph Catholic Church** by **9/25/20**.
 Full payment of the balance **\$220.00** is due by **10/29/20**.
 Please note that priority is given to parishioners of **St. Joseph Catholic Church**.

PLEASE RETURN THIS COMPLETED FORM WITH PAYMENT TO THE ADDRESS BELOW:

St. Joseph Catholic Church
 PO Box 199
 Rayne, LA 70578

If you have any questions about the ACTS Retreat or Registration please contact,
Tricia Richard at (337) 580 - 0249.

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