



RETREAT TEAM REGISTRATION FORM

***** PLEASE EMAIL COMPLETED FORM TO SaintElizabethACTS@gmail.com *****

DUE BY 3:00pm ON FRIDAY, NOVEMBER 1, 2024

**Men's ACTS Retreat
St. Elizabeth Catholic Church
2006 Nall Street ~ Port Neches, Texas 77651**

Note: Team members are asked to be present on **Thursday morning** on the scheduled retreat weekend to attend morning mass for a blessing. Immediately after mass, all of the team will travel to the Retreat Center and be present to participate for the entire day with logistics set-up to be ready for the arrival of the retreatants that evening. Please, make arrangements (*with family, employer, etc.*) to be there. Retreat dates are **Thursday-Sunday, March 20-23, 2025**. The weekend retreat cost is \$230.00 per person and should be paid in full in advance of retreat weekend.

Print Name: _____ Birth year: _____
Address: _____ Mobile Phone: () _____
City: _____ State: _____ ZIP: _____
Email Address: _____ T-shirt size: _____
Spouse's Name: _____ Spouse Mobile: () _____

Are you a Registered member at St. Elizabeth Catholic Church? _____
If not, with which church are you affiliated? _____ Religion: _____
Were you on the most recent team? _____ Have you served on prior teams? _____
How many teams have you served on? _____ Have you applied for team before? _____
How many times have you applied for a team and not selected? _____

Additional Considerations:

Allergies _____ Dietary Needs _____
Smoking Preference _____ Other: _____
Ambulatory Needs: (*Wheelchair and/or Assistance, walker, etc.*) _____

Emergency Information:

Emergency Medications? (*i.e. Epinephrine Pen, etc.*) _____

Emergency Contact Name: _____ Relationship: _____
Mobile Phone: () _____ Email: _____

Emergency Contact that does NOT live with you: _____ Relationship _____
Mobile Phone: () _____ Email: _____

Signature: _____ Date _____

**Director: Jeff Johnson
(281) 202-9922**

**Co-Director: Michael Melancon
(409) 718-1952**

**Co-Director: Michael Reeves
(832) 610-5613**