

## A.C.T.S. RETREATANT REGISTRATION FORM

## St. Elizabeth Catholic Church – Port Neches, Texas Men's ACTS Retreat

Thursday, March 20th – Sunday, March 23rd, 2025 "REQUIRED" SUBMISSION DEADLINE: Friday, February 14th, 2025 by 3:00 p.m.

**RETREAT ATTENDEE INFO** (Please print legibly and complete each inquiry)

rst Name Last Name				"I prefer to be called"		
Street Address	City	State	Zip	Email Address		
(Area Code) Best Phone Contact		Area Code) Work	Phone (if allowe	ed calls)	T-Shift size	
		0000000	00000			
Age: Attended an A	ACTS Retreat before	Yes/N	Are	you a *registered St. Elizabeth	parishioner?	
If not a *registered St. Elizabeth parishioner,	what parish or chu	ırch do you atteı	nd?			
•				(i.e. Catholic, Baptist, Methodetc.)	. Catholic, Baptist, Methodist, Non-Denominations, .)	
How did you hear about the retreat? If invite	d, who contacted y	you?				
Please, check any specific needs:   Dietary  Emergency Contact: (Please print):	□ Medical □ Phy	ysical ( <i>Provide</i>	information per	rtaining to your needs)  Relationship:		
Readily accessible phone #:			Email:			
	(Area Code) P	hone #				
<ul> <li>Please remit the retreat deposit fee of \$10 to guarantee a reservation</li> <li>Total retreat cost of \$230 is due prior to leaving for the retreat</li> <li>Cash or Checks accepted</li> </ul>	with pa St. El 2006	IAIL or DELIVER of yments to: lizabeth Catholic is Nall Neches TX 7765	Church	SaintElizabethACTS	6@gmail.com th payment prior to the	
f you have questions about the ACTS Retreat a	activities, Retreat r	egistration or fee	es, please contac	ct:		
Director: Jeff Johnson Cell Number: 1-(281)-202-9922		or: Michael Me er: 1-(409)-718		Co-Director: Michae Cell Number:1-(832)		
Retreatant Signature						

<sup>\*</sup> If you are unsure about being a "registered" member at any church, please, contact your church office personnel.

<sup>\*\*</sup> Please, note the priority to attend is given to parishioners of St. Elizabeth Parish.