



TEAM REGISTRATION FORM

ST. Elizabeth ACTS Women's Retreat September 11-14, 2025

Due on Friday, May 2, 2025 by 3:00 pm

TEAM MEMBER INFORMATION

First Name _____ Last Name _____ Preferred _____

Street Address _____ City _____ State _____ Zip _____

Cell Phone _____ Work Phone _____ Email Address _____

Are you a Parishioner of this Parish? ☐Yes ☐No

If "NO", what parish or church do you attend: _____ **Religion:** _____

Do you serve any ministries at St. Elizabeth's Church (do not include ACTS)? ☐Yes ☐No

Were you on the most recent team? ☐Yes ☐No

Have you been on a prior team? ☐Yes ☐No Number of times on team? _____

Have you applied for team and did not get selected? ☐Yes ☐No Number of times not selected? _____

Please check if any specific needs: ☐Dietary ☐Medical ☐Physical ☐Financial Assistance

Please explain: _____

PLEASE NOTE THAT THERE IS NO ALCOHOL ALLOWED AT ANY ACTS EVENTS

Emergency Contact: _____ Relationship: _____

Phone: _____ Email Address: _____

Full payment of \$230.00 is due by <first meeting

Please note that priority is given to parishioners of St. Elizabeth's Parish

PLEASE RETURN THIS COMPLETED FORM TO THE ADDRESS BELOW or email:

saintelizabethacts@gmail.com

St. Elizabeth Catholic Church

ACTS Team Registration

2006 Nall Street

Port Neches, Texas 77651

FOR OFFICE USE ONLY:

Scholarship amount
requested: _____

Approved by:

Signature

If you have questions about the ACTS Retreat or Registration please contact:

Director: Carol Hebert Cell: (409) 540-0238	Co-Director: Taylor Miguez Cell: (409) 540-5425	Co-Director: Cristina Johnson Cell: (714) 234-6853
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Team Member Signature

Date