



TEAM REGISTRATION FORM

ST. Elizabeth ACTS Women's Retreat September 10-13, 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: _____

<p>Full payment of \$230.00 is due by <first meeting</p> <p>Please note that priority is given to parishioners of St. Elizabeth's Parish</p> <p>PLEASE RETURN THIS COMPLETED FORM TO THE ADDRESS BELOW or email: saintelizabethacts@gmail.com</p> <p>St. Elizabeth Catholic Church ACTS Team Registration 2006 Nall Street Port Neches, Texas 77651</p>	<p>FOR OFFICE USE ONLY:</p> <p>Scholarship amount requested: _____</p> <p>Approved by: _____</p> <p>_____ Signature</p>
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If you have questions about the ACTS Retreat or Registration please contact:

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