

A.C.T.S. RETREATANT REGISTRATION FORM

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

Thursday, September 11th – Sunday, September 14th, 2025 "REQUIRED" SUBMISSION DEADLINE: Friday, August 8th, 2025 by 3:00 p.m.

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

| First Name Last Name | | "I prefer to be called" | | |
|--|---------------------------|--------------------------|-----------------------|---|
| Street Address (| City | State Zip | Email Addı | ress |
| (Area Code) Best Phone Contact | (Area Co | de) Work Phone (if | allowed calls) | T-Shift size |
| | 000 | 0 0 0 0 0 0 0 0 | I 🗆 | |
| Age: Attended an ACT | TS Retreat before? | | Are you a *registe | ered St. Elizabeth parishioner? |
| If not a *registered St. Elizabeth parishioner, wh | | es/No you attend? | | Yes/No |
| | | | (i.e. Catholic, | Baptist, Methodist, Non-Denominations, |
| Curren | t Religion? | | etc.) | |
| How did you hear about the retreat? If invited, | who contacted you? | _ | | |
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| Please, check any specific needs: ☐ Dietary ☐ | □ Medical □ Physical | (Provide informat | ion pertaining to you | r needs) |
| | | | | |
| Emergency Contact: (Please print): | | | Relationshi | ip: |
| Readily accessible phone #: | | Email: | | |
| Treating decessions priorite #. | (Area Code) Phone # | | | |
| Please remit the retreat deposit fee of \$100 | - Please MAIL or | DELIVER this comp | leted form - or | EMAIL to: |
| to guarantee a reservation | with payment | <u>=</u> | | intElizabethACTS@gmail.com |
| Total retreat cost of \$230 is due prior to | | h Catholic Church | | en, follow-up with payment prior to the |
| leaving for the retreat | 2006 Nall | | | treat |
| Cash or Checks accepted | Port Neche | s TX 77651 | | |
| you have questions about the ACTS Retreat act | ivities, Retreat registra | tion or fees, please | contact: | |
| virector: Carol Hebert | Co-Director: Tay | lor Miguez | Co-Dir | ector: Cristina Johnson |
| Cell Number: (409) 540-0238 | Cell Number: (40 | • | | umber: (714) 234-6853 |
| Patroatant Cianatura | | | | _ |

^{*} If you are unsure about being a "registered" member at any church, please, contact your church office personnel.

^{**} Please, note the priority to attend is given to parishioners of St. Elizabeth Parish.