



TEAM REGISTRATION FORM

St. Elizabeth ACTS Men's Retreat March 5-8, 2026

Due on Friday, October 10, 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 EVENT.

Emergency Contact: _____ Relationship: _____

Phone: _____ Email Address: _____

Full payment of \$230.00 is due by 12/16/25.

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

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

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: Michael Melancon
Cell: (409) 718-1952

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

Co-Director: Brandon Miguez
Cell: (409) 720-7190

Team Member Signature

Date