

## **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		Pref	erred
Street Address	City			State Zip
Cell Phone Work	: Phone	Email Add	dress	
Are you a Parishioner of this Parish?	]Yes □No			
"NO", what parish or church do you attend:		Religion:		
o you serve any ministries at St. Elizabe	eth's Church (do no not inc	clude ACTS)?	□Yes □No	
Vere you on the most recent team?	□Yes	□No		
•	□Yes	□No	Number of time	os on togm?
lave you been on a prior team?			Nottibel of littles of feditive	
lave you applied for team and did no	t get selected? □Yes	□No <sub>N</sub>	umber of times n	ot selected?
	□Dietary □Medical	□Physical	□Financial Assis	tance
EASE NOTE THAT THERE IS NO ALCO	OHOL ALLOWED AT ANY	ACTS EVENT.		
Emeraency Contact:		_		
		R	Relationship:	
		R		
hone:	Email Addre	R	Relationship:	
thone:ull payment of \$230.00 is due by 12/16/2	Email Addre	PSS:	Relationship:	FOR OFFICE USE ONLY: Scholarship amount
Phone:  ull payment of \$230.00 is due by 12/16/2 Please note that priority is given to parish PLEASE RETURN THIS COMPLETED FOR	Email Addre	ess:	Relationship:	FOR OFFICE USE ONLY:
Phone:  Juli payment of \$230.00 is due by 12/16/2 Please note that priority is given to parish PLEASE RETURN THIS COMPLETED FOR aintelizabethacts@gmail.com	Email Addre	ess:	Relationship:	FOR OFFICE USE ONLY: Scholarship amount
Phone:  Cull payment of \$230.00 is due by 12/16/2 Please note that priority is given to parish PLEASE RETURN THIS COMPLETED FOR aintelizabethacts@gmail.com  t. Elizabeth Catholic Church ACTS Team Registration	Email Addre	ess:	Relationship:	FOR OFFICE USE ONLY: Scholarship amount requested:
Phone:  Cull payment of \$230.00 is due by 12/16/2 Please note that priority is given to parish PLEASE RETURN THIS COMPLETED FOR aintelizabethacts@gmail.com  t. Elizabeth Catholic Church ACTS Team Registration 006 Nall Street	Email Addre	ess:	Relationship:	FOR OFFICE USE ONLY: Scholarship amount requested:
whone:  ull payment of \$230.00 is due by 12/16/2 lease note that priority is given to parish  LEASE RETURN THIS COMPLETED FOR  aintelizabethacts@gmail.com  t. Elizabeth Catholic Church  CTS Team Registration  006 Nall Street	Email Addre	ess:	Relationship:	FOR OFFICE USE ONLY: Scholarship amount requested: Approved by:
Phone:  ull payment of \$230.00 is due by 12/16/2 Please note that priority is given to parish PLEASE RETURN THIS COMPLETED FOR aintelizabethacts@gmail.com  t. Elizabeth Catholic Church CTS Team Registration 006 Nall Street ort Neches, Texas 77651	Email Addre	ess:  n.  W or EMAIL TO	Relationship:	FOR OFFICE USE ONLY: Scholarship amount requested: Approved by:
Phone:  ull payment of \$230.00 is due by 12/16/2 Please note that priority is given to parish PLEASE RETURN THIS COMPLETED FOR aintelizabethacts@gmail.com It. Elizabeth Catholic Church ICTS Team Registration ICTS Team Registratio	Email Addre	ess:  n.  W or EMAIL TO	elationship:	FOR OFFICE USE ONLY: Scholarship amount requested: Approved by: Signature  Brandon Miguez
Phone:  Fiull payment of \$230.00 is due by 12/16/2 Please note that priority is given to parish PLEASE RETURN THIS COMPLETED FOR Caintelizabethacts@gmail.com It. Elizabeth Catholic Church ACTS Team Registration 1006 Nall Street 1001 Neches, Texas 77651  If you have questions about the Actorication Director: Michael Melancon	Email Address  25.  ioners of St. Elizabeth's Parist  M TO THE ADDRESS BELOV  CTS Retreat or Registrat  Co-Director: Michael	ess:  n.  W or EMAIL TO	celationship: : contact: Co-Director:	FOR OFFICE USE ONLY: Scholarship amount requested: Approved by: Signature  Brandon Miguez
Emergency Contact:  Phone:  Full payment of \$230.00 is due by 12/16/2  Please note that priority is given to parish  PLEASE RETURN THIS COMPLETED FOR saintelizabethacts@gmail.com  St. Elizabeth Catholic Church  ACTS Team Registration  2006 Nall Street  Port Neches, Texas 77651  If you have questions about the ACDirector: Michael Melancon  Cell: (409) 718-1952	Email Address  25.  ioners of St. Elizabeth's Parist  M TO THE ADDRESS BELOV  CTS Retreat or Registrat  Co-Director: Michael	ess:  n.  W or EMAIL TO	celationship: : contact: Co-Director:	FOR OFFICE USE ONLY: Scholarship amount requested: Approved by: Signature  Brandon Miguez