



TEAM REGISTRATION FORM

St. Elizabeth ACTS Women's Retreat September 10-13, 2026
Due on Friday, April 24 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 to: 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:

Director: Taylor Miguez Cell: (409) 540-5425	Co-Director: Ashlyn Dengler Cell: (409) 960-1491	Co-Director: Kati Arredondo Cell: (409) 749-4575
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Team Member Signature _____ Date _____