

SHREVEPORT ACTS RETREAT REGISTRATION FORM

ACTS Women's Retreat April 12-15, 2012

The ACTS retreat weekend is hosted by lay members of several local parishes/churches who have themselves been on an ACTS retreat. The goal of the retreat is to deepen your relationship with Jesus Christ, to receive spiritual renewal, to give new meaning to Sunday liturgy and your prayer life, and to build lasting relationships with other members of our community.

NOTE: Due to Diocesan Policy, all applicants must be over 18 years of age at the time of the retreat.

The retreat begins on Thursday, April 12th and ends on Sunday, April 15th following the 12:00 noon Mass at St. Joseph Catholic Church in Shreveport. After Mass, there will be a welcome back reception in St. Joseph Family Life Center. Round trip transportation from St. Joseph is provided for all retreatants. You will meet for sendoff at St. Joseph Family Life Center on Thursday evening at 5:30 PM.

The cost of the retreat (room and board) is \$155.00. Your deposit of \$55.00 must be submitted with this form in order to reserve your place. The remaining \$100.00 is due Thursday at send off. **Please make your checks payable to St. Joseph Catholic Church.** If a retreat date becomes full, your deposit will be returned to you and you may register when registration begins for the next retreat date.

Please note: Financial difficulties should not prevent anyone from attending the retreat. If you are unable to pay all, or part of the fee, financial arrangements can be made by notifying retreat director Anne Smith (318) 348-6185.

THIS FORM MUST BE MAILED TO THE FOLLOWING ADDRESS IN ORDER TO INSURE ACCURATE AND TIMELY REGISTRATION:

Shreveport ACTS P.O. Box 52761 Shreveport, LA 71135

Name Name as you want it to appear on your Name Tag

Address City ST ZIP

Home Phone Work Phone Cell Phone

Email Address Birthday Month / Day

Please provide the following emergency contacts:

Family member / Friend Home Phone Work Phone

Family member / Friend Home Phone Work Phone

Family member / Friend Home Phone Work Phone

List special dietary or medical needs, if any: _____

Do you have trouble climbing stairs? Yes / No (circle one)

What is the name of the church that you attend? _____
Name City

____ I have included my deposit of \$55.00 OR ____ I have included the entire fee of \$155.00

For internal use only – Date received _____
