



ACTS REGISTRATION FORM
Holy Cross Men's ACTS Retreat
Acadian Baptist Center, Eunice
April 30, 2020 – May 3, 2020

ACTS is an acronym for Adoration, Community, Theology, and Service. The retreat's goals are to strengthen our faith and its application in our daily life, to renew ourselves spiritually and to build strong, lasting friendships. The ACTS weekend is presented by lay Catholic men, with support provided by a Spiritual Director/companion or clergy.

The retreat begins Thursday evening, April 30th with check in at 5:00 pm at Mission Hall (gym). Transportation to and from the retreat center will be provided. We will return to Holy Cross Church on Sunday, May 3rd for the 11:00 am Mass with a reception following.

Registration will be held beginning Sunday, January 12th at 11:00 am Mass. Space on the retreat is limited and the registration list is based on the order the registrations are received by mail only. ACTS is a "parish based" retreat and ministry. Registration is open first to the men from Holy Cross parish and then to men from other parishes. One month prior to the retreat, available openings will be made available to anyone.

The cost of the retreat is \$295. Your registration fee will be used to defray the cost of food and lodging for the weekend. It should be paid in full on Thursday upon check in (April 30th at 5:00 pm). Checks can be made to Holy Cross Church. Please note that financial challenges should not prevent anyone from attending the retreat as scholarships are available. Simply call the director, Stuart Clark at (337) 298-9050.

When we have reached the maximum number of retreatants, a waiting list will be utilized up to ten days before the retreat to fill any vacancies.

You will receive a letter about two weeks prior to the retreat describing the necessities you should bring. If you need further information or have any questions, please contact: Stuart Clark at (337) 298-9050 or by email: stuart_clark@ml.com.

REGISTRATIONS WILL BE ACCEPTED BY MAIL ONLY.

Please mail to:
Holy Cross Catholic Church
Attn: ACTS Men's Retreat
415 Robley Drive, Lafayette, LA 70503

(PLEASE COMPLETE THE FORM ON THE REVERSE SIDE)



REGISTRATION FORM

RETREAT ATTENDEE INFO

 First Name Last Name Preferred

 Street Address City State Zip E-Mail Address

 Home Phone Work Cell

OVER 21 YEARS OLD? (Y/N) _____ **EVER ATTENDED AN ACTS RETREAT?** (Y/N) _____

Are you a registered parishioner of Holy Cross Parish? (Y/N) _____
If "NO", what parish or church do you attend: _____ **Religion:** _____

If someone invited you, who: _____

Please check if any specific needs: Dietary Medical Physical Financial Assistance
Please explain: _____

PLEASE NOTE THAT THERE IS NO ALCOHOL ALLOWED ON THE ACTS RETREAT

Emergency Contact #1: _____ Relationship: _____
Phone: _____ E-Mail Address: _____

Emergency Contact #2: _____ Relationship: _____
Phone: _____ E-Mail Address: _____

<p>To guarantee your reservation, please send this form by MAIL ONLY. Full payment of \$295.00 is due on Thursday when you arrive. Please note that priority is given to parishioners of Holy Cross Catholic Church, Lafayette.</p> <p>PLEASE RETURN THIS COMPLETED FORM TO THE ADDRESS BELOW:</p> <p>Holy Cross Catholic Church ACTS Men's Retreat 415 Robley Drive Lafayette, LA 70503</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, _____, at _____.

I understand that ACTS Missions will collect all retreatants information for quality purposes and testimonials. I also understand that ACTS Missions may contact me after this ACTS Retreat to get feedback on my experience and see if I would like to participate and support future ACTS Retreats. I understand that ACTS Missions will NOT release my personal information to outside agencies. Initial here to **OPT-OUT** of ACTS Missions follow up initiatives: _____

 Retreatant Signature Date