REGISTRATION FORM

Holy Cross Women's Retreat

March 26 - 29, 2020

"I am the Resurrection and the Life" John 11:25

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 Parishioner of this 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: _____ Relationship: _____

Phone: _____ E-Mail Address: _____

To guarantee your reservation, please remit payment for the retreat deposit fee amount of $50 to Holy Cross Catholic Church. Full payment of $295 is due by 3/26/2020.
Please note that priority is given to parishioners of Holy Cross Catholic Church.

PLEASE RETURN THIS COMPLETED FORM WITH PAYMENT TO THE ADDRESS BELOW:

Holy Cross Catholic Church
415 Robley Drive
Lafayette, LA 70503

FOR OFFICE USE ONLY:
Scholarship amount requested: _____

Approved by:

_____
Signature

If you have questions about the ACTS Retreat or Registration please contact, Kami Landry, at 337-962-5993.

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

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