



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) _____ **T- Shirt Size** _____ **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 Prescription Medication Physical Financial Assistance

Please explain and/or list: _____

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: Holy Cross Catholic Church ACTS Retreat 415 Robley Drive Lafayette, LA 70503</p>	<p>FOR OFFICE USE ONLY: Scholarship amount requested: _____ Approved by: _____ Signature</p>
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If you have questions about the ACTS Retreat or Registration please contact Tracy Laurent, at 337-962-7303. Holy Cross will follow all Covid safety guidelines during this retreat.

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 SignatureDate



ACTS REGISTRATION FORM
Holy Cross Women's ACTS Retreat
Acadian Baptist Center, Eunice
March 11-14, 2021

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 women, with support provided by a Spiritual Director/companion or clergy.

The retreat begins Thursday evening, March 11th 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, March 14th for the 11:00 am Mass with a reception following.

Registration will be held beginning Sunday, December 6, 2020 at 9:00 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 women from Holy Cross parish and then to women 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 (March 11th 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, Tracy Laurent at (337) 962-7303.

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: Tracy Laurent, Director, at (337) 962-7303 or by email: tracymlaurent@yahoo.com

REGISTRATIONS WILL BE ACCEPTED BY MAIL ONLY.

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

(PLEASE COMPLETE THE FORM ON THE REVERSE SIDE)