

Rcpt # _____
Ck # _____ Amt _____
Cash Amt _____ Cr. Card Amt _____
Date Rec'd _____

Sacred Heart Men's ACTS Retreat
Camp Allen Retreat Center
July 19 – 22, 2018

PLEASE PRINT

Name: _____ Home Ph. #: _____

Street Address, City and Zip: _____

Work Phone # (_____) – _____ – _____ Cell Phone # (_____) – _____ – _____

E-Mail Address: _____ Please check one: [] Married [] Single [] Widowed

Name of Spouse or Significant Other: _____ Ph. #: (_____) – _____ – _____

Close Family or Friend Contacts:

Contact #1: Name _____ Ph. # (_____) – _____ – _____

Contact #2: Name _____ Ph. # (_____) – _____ – _____

Contact #3: Name _____ Ph. # (_____) – _____ – _____

Did someone invite you to this retreat? : If yes, who? _____

Have you ever attended an ACTS Retreat? [] Yes [] No If yes, when and where? _____

Name of Your Parish or Church _____ City/State: _____

Will you have any special **dietary, medical, mobility or personal needs** during this weekend that you want us to know about?
Yes ___ No ___ If Yes, we will contact you about your special needs.

Please check appropriate spaces: I have included: _____ Retreat Deposit of \$50 or _____ Full payment of \$250
_____ Team Member Registration _____ I request partial financial assistance*

PLEASE COMPLETE BOTH SIDES AND RETURN THIS FORM TO THE ADDRESS BELOW

The Men's ACTS Retreat is scheduled for July 19th – 22nd. The 3-day, 3-night retreat is presented by parishioners. The retreat's goals are to deepen our relationship with Jesus Christ, renew us spiritually, give new meaning to our prayer life and Sunday Liturgy, and to build lasting friendships with members of your parish and faith community. The retreat begins Thursday evening at 6 P.M. in the Sacred Heart Parish Life Center and ends Sunday with a family fellowship celebration at Sacred Heart immediately following the 10:00 AM Mass. Round trip transportation will be provided to and from the Camp Allen Retreat Center. The cost per retreatant is \$250. Registration will be on a first come first serve basis, with a waiting list thereafter. In order to reserve your place, a non-refundable deposit of \$50.00 should be submitted with this form with the remaining balance due on or before the registration for the retreat on July 19th. Forms can be mailed or hand-delivered to Sacred Heart at the address below and will have the date and time stamped upon receipt. We will acknowledge your application shortly after it is submitted. **Please make checks payable to: Sacred Heart – and mark for "Men's ACTS Retreat" on the check.** Registration deadline is July 10th.

**Please note that financial difficulties should not prevent anyone from attending the retreat. Please check appropriate line on this Registration Form if you need Partial Financial Assistance. The request for financial assistance will be submitted to the Sacred Heart ACTS Core Team for approval.*

Men's ACTS Retreat
Sacred Heart Catholic Community
704 Old Montgomery Rd.
Conroe, Texas 77301
936-756-8186

You will receive a letter prior to the retreat with further instructions. Please contact
Director, Barry Abbott at abbottbpj@yahoo.com, 936-648-9725 or Co-Director,
Mark Brodeur at markbrodeur8@gmail.com, 281-507-3126 or Co-Director, Jerry
Brocato at jvbro1@yahoo.com, with questions concerning the
retreat.

Sacred Heart Men's ACT Retreat
Medical Release and Liability Form
July 19 – 22, 2018
EMERGENCY CONTACT INFORMATION

Contact name: _____

Contact's relationship to participant: _____

Contact Work Ph. # (____) – ____ – ____ Contact Cell Ph. # (____) – ____ – ____

Contact Home Ph. # (____) – ____ – ____

Contact E-Mail Address: _____

I, _____, agree to hold harmless and defend the Archdiocese of Galveston-Houston, Sacred Heart Catholic Community (it's Pastor, clergy, staff and volunteers) or any representative associated with the conduct of this retreat unless the parties involved were careless and/or negligent in the execution of their responsibilities.

SIGNATURE

DATE

2018

IN CASE OF AN EMERGENCY:

Medical History: _____

Current Medications: _____

Allergies: _____