

**Notre Dame Catholic Church ACTS retreat
Registration Form**

Last Name: _____ **First Name:** _____ **Name Tag:** _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Home Phone: _____ **Work Phone:** _____ **E-Mail** _____

Birthdate: Month _____ Day _____

Will you have any special dietary or medical needs during this weekend? Yes ___ No ___
If yes, please specify:

List 2 people to contact in case of an emergency:

Name: _____ **Address:** _____

Relationship: _____ **Home Phone:** _____ **Work:** _____ **Cell:** _____

Name: _____ **Address:** _____

Relationship: _____ **Home Phone:** _____ **Work:** _____ **Cell:** _____

Name of church of which you are a member: _____

Do you know someone who has been on an ACTS retreat? ___ Name: _____

Do you know someone attending this ACTS retreat? ___ Name: _____

The ACTS weekend retreat is presented by lay Catholic men, women or teens with spiritual direction provided during this weekend. The retreat's goals are to allow an opportunity for you to focus on your faith and its application during your daily life, build purpose in your prayer life, increase your presence at the liturgy, and cultivate friendship among members of the church community.

The retreat will begin with sendoff on Thursday afternoon from Notre Dame Catholic Church and will end after mass on Sunday at Notre Dame. Round trip transportation will be provided for all retreatants.

Please register **only** if you intend to be present for the entire weekend. The cost of the retreat is \$130.00 for men, women, and teens. Since the retreat is limited to 45 retreatants, a registration fee of \$65.00 will reserve your place on the retreat. The balance must be paid in full 30 days prior to the retreat. **The registration fee is only refundable up to 30 days before the retreat. Checks are to be made payable to Notre Dame Acts.** Applications may be dropped off at the Pastoral Center or given to the Director or Co-Directors of the retreat. **Please Note: Financial difficulties should not prevent anyone from attending the retreat. If you have financial concerns, please contact one of the directors of your retreat to discuss how arrangements might be made.**

Signature: _____ **Date:** _____

You will receive further information 10 to 14 days prior to the retreat. If you have any questions or need more information, please contact one of the directors of the retreat or the ACTS Core Team.

Date: _____ **Amt. Pd.** _____ **Cash or Check#** _____ **Balance Due:** _____