

St. Elizabeth Ann Seton Men's ACTS Retreat Registration Form



September 23 – 26, 2021

Last Name: _____ First Name: _____ Preferred Nickname: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Work phone: _____

E-Mail Address: _____

Name of Parish or Church _____ City: _____ State _____

Please check one: Married Single

Name of Spouse or Significant Other: _____ Phone: _____

Close Family or Friend Contacts:

Contact #1: Name _____ Phone: _____ Email: _____

Contact #2: Name _____ Phone: _____ Email: _____

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

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

Will you have any **special dietary, mobility or personal needs during this weekend?** Yes No If Yes, we will contact you about your special needs.

Please check appropriate boxes:

I have included a registration deposit of \$50.00

I have included full registration of \$210.00

I have included / wish to make a donation for a scholarship for those who need financial assistance

Please bring completed registration forms, with payment to the SEAS Office or contact Ed Tudor – 281-799-9510.

The Men's ACTS Retreat is scheduled for September 23-26,2021. The 4-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 5:15 P.M. in the Community Life Center at SEAS and ends Sunday with Mass at 10:30 am with a family fellowship reception immediately following Mass in the CLC. Round trip transportation will be provided to and from the Retreat Center.

The cost per retreatant is \$210.00. Registration will be on a first come first served basis, with a waiting list thereafter. In order to reserve your place, a non-refundable deposit of \$50.00 must be submitted with this form. We will advise you of the remaining balance due and this balance may be paid at check in on Thursday of the retreat. Registration forms and deposits/registration fees may be dropped off at the SEAS church office. Please make all checks payable to SEAS with a notation that it is for the Men's ACTS Retreat. Please note that financial difficulties should not prevent anyone from attending the retreat. Please speak to the retreat director, Ed Tudor, to discuss what financial assistance is available.



ACTS Retreat Medical Release and Liability Waiver

Participant's Name: _____

EMERGENCY CONTACT INFORMATION

Contact name:

Contact's relationship to participant:

Contact Home Phone: _____ Contact Cell Phone: _____

Contact Work Phone: _____

Contact E-Mail Address:

Please complete the Emergency Medical Information form. Include any Medical Conditions such as allergies or prescription medications that emergency medical personnel would need to be aware of in the event of a personal medical emergency during the retreat. Write your name on the outside of an envelope, place the completed form in and seal the envelope. The envelope will only be opened by emergency medical personnel in the event medical treatment is required during the retreat.

I, _____, agree to hold harmless and defend the

(Please Print)

Archdiocese of Galveston-Houston, St Elizabeth Ann Seton 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 SIGNED

You will receive a letter prior to the retreat with final instructions. If you would like additional information, please contact the Director, Ed Tudor - 281-799-9510.

“For whoever is not against us is for us.”

Mark 9:40