



REGISTRATION FORM

ACTS Community of Lubbock

Adoration, Community, Theology, Service

RETREAT ATTENDEE INFO

First Name _____ Last Name _____ Preferred _____

Street Address _____ City _____ State _____ Zip _____ E-Mail Address _____

Home Phone _____ Work _____ Cell _____

Date of Birth _____ EVER ATTENDED AN ACTS RETREAT? (Y/N) _____

Name of Parish _____ 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: _____

<p>To guarantee your reservation, please remit payment for the retreat fee amount of: \$180</p> <p>PLEASE RETURN THIS COMPLETED FORM TO THE ADDRESS BELOW: ACTS Weekend Retreat PO BOX 16591 Lubbock, Texas 79416</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 an ACTS Core member at:
actscommunityoflubbock@gmail.com

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 _____

Check the date you wish to attend:

- Women's**
- June 11-14, 2020 #39
- November 12-15, 2020 #40

- Men's**
- February 6-9, 2020 #32
- August 20-23, 2020 #33