

El Campo Deanery
Women's ACTS Retreat Registration

Turn to the Lord For His Strength

Cathedral Oaks Retreat Center Weimar, Tx October 21-24, 2021

NAME _____ Age _____
Address _____
City/St/Zip _____ Phone (____) _____
Birthdate _____ Parish/City _____

I would like to participate in the El Campo Deanery Adult Women's ACTS Retreat sponsored by El Campo Deanery ACTS, Inc. through St. Philip the Apostle Catholic Church of the Diocese of Victoria in Texas from October 21-24, 2021. I AGREE TO INDEMNIFY, DEFEND, AND HOLD HARMLESS THE DIOCESE OF VICTORIA, AND ITS CLERGY, OFFICERS, AGENTS, EMPLOYEES AND VOLUNTEERS; EL CAMPO DEANERY ACTS, INC., AND ITS OFFICERS, DIRECTORS, AGENTS, EMPLOYEES, AND VOLUNTEERS; AND ST. PHILIP THE APOSTLE CATHOLIC CHURCH IN EL CAMPO, TX, ITS CLERGY, OFFICERS, DIRECTORS, AGENTS, EMPLOYEES, AND VOLUNTEERS FROM ANY CLAIMS, COSTS OR EXPENSES INCLUDING BUT NOT LIMITED TO PROPERTY DAMAGES, PERSONAL INJURIES, MEDICAL EXPENSES, ATTORNEYS FEES, COURT COSTS, OR ANY OTHER DAMAGES ARISING OUT OF MY PARTICIPATION IN THE EL CAMPO DEANERY ADULT WOMEN'S ACTS RETREAT AS DESCRIBED ABOVE.

In case of an emergency, I grant permission and authorization for a designated adult representative of the El Campo Deanery Adult ACTS Retreat Team to sign for treatment by a local physician and/or hospital selected by the El Campo Deanery Adult ACTS Team of the Diocese of Victoria in Texas.

Date _____ Signature _____
Family Physician _____ Phone (____) _____
Address _____ City/Zip _____

1. Are you allergic to any type of medication? If so, please indicate: _____

Describe reaction? _____

2. Are you presently taking any prescription medication over an extended period of time? _____

Name of medication: what is it for? _____

3. Do you have any allergies? If so, what are they? _____

4. Please list any special dietary needs _____

Name of Insurance Company _____ Phone (____) _____

Address _____ City/St/Zip _____

Name of Insured _____ Policy or Group Plan # _____

In an emergency, if unable to reach first contact, list other emergency contacts:

Name _____ Work Phone (____) _____ Home Phone(____) _____

Name _____ Work Phone (____) _____ Home Phone(____) _____

Name _____ Work Phone (____) _____ Home Phone(____) _____

"Turn to the Lord for His Strength"
EL CAMPO DEANERY – WOMEN'S ACTS RETREAT REGISTRATION
CATHEDRAL OAKS RETREAT CENTER WEIMAR, TEXAS October 21-24, 2021
(PLEASE PRINT INFORMATION BELOW)

ACTS is a Catholic retreat movement presented by parishioners for parishioners with the guidance of religious leaders. The goal of each retreat is to facilitate a deepening of our relationship with Jesus Christ, to renew ourselves spiritually, to give new meaning to our prayer life, and to build lasting friendships with members of our parish communities.

This ACTS retreat will begin on Thursday evening, October 21, and continue through the weekend ending with a 12:00 noon Mass on Sunday, October 24, at Holy Family Parish in Wharton. A luncheon for retreatants and their families will be provided at the Life Center after Mass on the 24th.

The cost of the retreat is \$200.00 * Please see note below.**

Registration applications will be accepted beginning Sunday, August 1st. Registration forms can be delivered to any team member or mailed to the St. Philip the Apostle Church office. A \$50.00 non-refundable deposit must be submitted with your registration form. The remaining \$150 will be due at check-in on Thursday, October 21st. Please make your checks payable to EL CAMPO DEANERY ACTS.

Retreatants will receive confirmation of selection after September 21st and will receive a letter 7-10 days prior to the retreat with further details and suggestions on what to bring for the weekend.

*****Please Note: Financial hardship should not prevent anyone from attending the retreat. If you are unable to pay all or part of the fee, contact Director Julie Kacal @ 979-282-1517. Other retreat questions may be directed to retreat CoDirector Brenda Sciba @ 979-257-7544 or Robin Rodriguez @ 979-248-0086.**

Name: _____ Parish or Religious Affiliation: _____
Address: _____
Email Address: _____
Cell Phone: _____ Work Phone: _____

Emergency Contact: _____ Relationship: _____
Cell Phone: _____ Work Phone: _____

Family and/or Friend contacts (please provide at least one other contact besides emergency contact above):

Contact #1: _____
Relationship: _____
Cell Phone: _____ Work Phone: _____
Contact #2: _____
Relationship: _____
Cell Phone: _____ Work Phone: _____

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

Will you have any special dietary or medical needs during the retreat weekend? () Yes () No If yes, please specify needs: _____

Do you have difficulty climbing stairs, walking on unpaved or uneven surfaces; other mobility problems (e.g. use a cane, walker or wheelchair)?
() Yes () No If yes, please specify: _____

T-shirt size: _____ In order to provide the most accommodating arrangement for all retreatants, please provide your age (this request is voluntary and is intended to help facilitate retreatant needs) _____

NO ALCOHOL OR FIREARMS PERMITTED ON THE RETREAT. ALL RETREAT PREMISES ARE NON-SMOKING.

Please deliver the registration application to any team member or mail to:

St. Philip the Apostle Church Office
Attn: Women's ACTS Retreat
304 W Church Street El Campo,
TX 77437 (979) 543-3770