Retreatant Registration for the Holy Family of Jesus, Mary, and Joseph Men's ACTS Retreat

Men's Retreat November 8-11



Blessed are the poor in spirit, for theirs is the kingdom of heaven



Place a check mark next to the amount enclosed:

| \$50 Registration Fee | \$285 Full Retreat Fe |
|-----------------------|-----------------------|
|-----------------------|-----------------------|

Please make checks payable to: "Sacred Heart Catholic Church"

DEADLINE TO TURN IN APPLICATION IS OCTOBER 1, 2018 @ SACRED HEART CHURCH OFFICE

| Retreatant Information | |
|---|--------------|
| First: Middle: | Last: |
| Addres | |
| | Zip: |
| Home Phone () - Cell Phone: | () - |
| Email: | Referred by: |
| Birthday: Religion: | |
| Church Parish where you are registered and attend: | |
| T-Shirt Size (CIRCLE ONE): S M L XL XXL 3XL 4XL | |
| Nickname or Name as you want it to appear on your name tag: | |
| Spouse Information | |
| Name: | |
| Home Phone: () - Cell Phone: | |
| Email: | |
| Primary Contact Information | |
| Name: | |
| | |
| Email: | |
| Emergency Contact Information (Person who does NOT live with you) | |
| Name: | |
| | : () |
| | |
| Email: Madical or Diotary Norde during the Weekend | |
| Medical or Dietary Needs during the Weekend | |
| Do you use a C-PAP machine (CIRCLE ONE): Y OR N Wheel Chair Required (CIRCLE ONE): Y OR N | |
| Please list any specific medical or dietary needs you may require during the weekend | |
| | |
| | |

Note: Due to safety and medical concerns, please do not apply if your medical condition will seriously limit your activity. For example, if you have current/ongoing medical treatments, etc. In these cases, please apply for a future ACTS retreat. If you have any doubts, please contact Fr. Tom before filling out an application.

Please complete your registration form and return it to

Men's ACTS Retreat c/o Sacred Heart of Jesus Parish Office 708 E. Main St Ville Platte, LA 70586 OR email it to: cbruney@lakecharlesrubber.com