



Men's Retreatant Registration Form

Holy Family of Jesus, Mary and Joseph ACTS Retreat

Retreat Date: March 7th – 10th 2024

“For God so loved the world that He gave His only Son...” John 3:16

ACTS is an acronym for Adoration, Community, Theology and Service. The retreat's goals are to strengthen our faith and its application in our daily life, to renew ourselves spiritually and to build strong lasting friendships. The ACTS weekend retreat is presented by lay Catholic men with support provided by a Spiritual Director. This Retreat is for men that are 21 years of age or older.

The retreat begins Thursday evening, **March 7th** with check-in at **5:30 P.M.** at the **Sacred Heart High School** in Ville Platte. Transportation to and from the **Maryhill** will be provided. We will return to **Sacred Heart Church** on **Sunday, March 10th** for the **10:00 A.M.** Mass with a reception following at the **Sacred Heart High School Commons**.

Selection Process: Space on the retreat is limited. If the number of applicants exceeds the number of spots available, a Discernment Process will occur. A Prayerful Discernment Process is guided by the Holy Spirit through the drawing of names of the Applicants. If your name is not drawn this time, Please do not let it discourage you from re-applying in the future.

The full cost of the retreat is **\$285**. The attached registration form with a **\$50.00** deposit made payable to Sacred Heart of Jesus church must be received and recorded by the parish office to potentially reserve your space on the retreat. The remaining balance will be due at the Thursday night check-in, unless prior arrangements have been made. *Please note: Financial difficulties should not prevent anyone from attending the retreat. If you have financial concerns, confidential arrangements can be made by contacting your pastor and checking the SCHOLARSHIP needed box on the application.*

When the retreat is full, a waiting list is maintained until the day of the retreat to fill any vacancies, and then those remaining on the waiting list have their deposits/payments returned and are encouraged to register again for the next retreat.

Note: Due to Safety and Medical concerns: Please do not apply if you have a medical/physical condition that will seriously limit your activity. For example, if you are currently undergoing medical treatments, etc. In these cases, please apply for a future ACTS Retreat. If you have any doubts, please contact Fr. Tom Voorhies before filling out an application. Also, alcohol, drugs (non-prescribed), weapons and/or firearms are strictly prohibited.

You will receive a letter about two weeks prior to the retreat describing the necessities you should bring on the retreat. If you need further information or have any questions, please contact one of the Directors listed below.

Dane Fontenot	Mickey Johnson	Joey Barnes	Dennis Fontenot	Father Tom Voorhies
Director	Co-Director	Co-Director	Spiritual Companion	Spiritual Director
337-831-8425	337-831-4329	337-224-2604	337-962-4122	337-363-2989

**Please complete your registration form and email to: 3134dane@gmail.com
or drop off at Rectory @ Sacred Heart Church Ville Platte by February 11th**



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Place a check mark for amount enclosed (Please make checks payable to Sacred Heart of Jesus Church)

\$50 (registration fee) \$285 (full retreat fee) **Scholarship needed.**

Name (PRINT): _____ Age: _____ (21+)

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

Phone (Cell or Home): _____ Phone (Work): _____ Marital Status: _____

Your Email: _____ Religion: _____

Church parish where you are registered and attend: _____

T-Shirt Size (CIRCLE ONE) **S** **M** **L** **XL** **XXL** **3XL** **4XL**

Name as you want it to appear on your name tag: _____ Birthday: _____

Spouse Name: _____ Spouse Email: _____

Spouse (Cell): _____ Spouse (Home): _____ Spouse (Work): _____

Name of Primary Contact: _____ Relationship : _____

Primary Contact Email: _____

Phone (Cell): _____ Phone (Home): _____ Phone (Work): _____

Name of an Emergency Contact who does **NOT** live with you: _____

Relationship to Contact: _____ Phone (Home): _____ Phone (Cell): _____

Emergency Contact Email: _____

Do you use a C-PAP machine?: Y OR N Wheelchair Required?: Y OR N Are you Hearing Impaired?: Y OR N

PLEASE LIST ANY SPECIFIC MEDICAL OR DIETARY NEEDS DURING THE WEEKEND:

Please complete your registration form and email to: 3134dane@gmail.com or drop off at Sacred Heart of Jesus Church Rectory in Ville Platte by February 11, 2024.