



RETREATANT REGISTRATION FORM

Men's A.C.T.S. Retreat

HOLY FAMILY OF JESUS, MARY AND JOSEPH

October 10-13

“Stand up and go; your faith has saved you” Luke 17:19

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, **October 10th** with check-in at **5:00 P.M.** at the **Sacred Heart High School Commons** in Ville Platte. Transportation to and from **Maryhill Renewal Center** will be provided. We will return to **Sacred Heart Catholic Church** on Sunday, **October 13th** 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..

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.

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.

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 have 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.

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.

<u>Director</u>	<u>Co-Director</u>	<u>Co-Director</u>	<u>Spiritual Director</u>
Jake LaFleur	Jared Blanchard	Luke Chapman	Fr. Tom Voorhies
225-572-1469	337-459-7917	337-831-0529	

Please complete your registration form and return to:

Sacred Heart of Jesus - ACTS Retreat
708 E. Main Street, Ville Platte, La 70586

DUE DATE: September 5, 2019



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Place a check mark for amount enclosed: ___ \$50 (registration) OR ___ \$285 (full retreat fee)

(Please make the check payable to Sacred Heart of Jesus Church)

Name (Please Print Legibly): _____ Age: _____ (21+)

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

Phone (H): _____ Phone (C): _____ Your Email: _____

Marital Status: _____ 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 Phone (Cell): _____ Spouse Ph (Home): _____ Spouse Ph (Work): _____

Name of Primary Contact : _____ Relationship : _____

Primary Contact Email: _____

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

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

Relationship of Emergency Contact: _____ Phone (Home): _____ Phone (Cell): _____

Emergency Contact Email: _____

Do you use a C-PAP machine: (CIRCLE ONE) Y OR N Wheel Chair Required: (CIRCLE ONE) Y OR N

Are you Hearing Impaired?: (CIRCLE ONE) Y OR N

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

Please complete your registration form and return to:

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