



**REGISTRATION FORM**

**St. Rose of Lima Parish Men's ACTS Retreat**

March 12-15, 2020

*"Whoever drinks the water I shall give will never thirst."*

**RETREAT ATTENDEE INFO**

First Name		Last Name		Preferred
Street Address	City	State	Zip	Email Address
Home Phone		Work Phone		Cell Phone

**OVER 21 YEARS OLD?** (Y/N) \_\_\_\_\_ **EVER ATTENDED AN ACTS RETREAT?** (Y/N) \_\_\_\_\_

**Are you a Parishioner of this Parish?** (Y/N) \_\_\_\_\_ If "NO," what parish or church do you attend?  
Parish or church: \_\_\_\_\_ Religious Denomination: \_\_\_\_\_

**Who (if you know) invited you?** \_\_\_\_\_

**Please check if you have any of the following special needs:**  Dietary  Medical  Physical  Financial  
Please explain: \_\_\_\_\_

**PLEASE NOTE THAT THERE IS NO ALCOHOL ALLOWED ON ANY ACTS RETREAT**

**Emergency Contact:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_  
**Phone:** \_\_\_\_\_ **Email Address:** \_\_\_\_\_

<p>To guarantee your reservation, please remit the retreat deposit fee amount of \$125.00 Payable to "St. Rose Catholic Church." Balance of full \$250.00 fee, less deposit, (\$125.00) is due by departure for retreat on Thursday, March 12, 2020. Please note that priority for the retreat is given to parishioners of St. Rose Catholic Church.</p> <p><b>PLEASE RETURN THIS COMPLETED FORM WITH DEPOSIT OR FULL PAYMENT TO:</b> <b>ACTS RETREAT – ST. ROSE CATHOLIC CHURCH</b> <b>615 VINE AVENUE</b> <b>ROSEVILLE, CA 95678</b></p>	<p><b>FOR OFFICE USE ONLY:</b></p> <p>Scholarship amount requested: _____</p> <p>Approved by: _____</p> <p>Signature _____</p>
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**If you have questions about the ACTS Retreat or this Registration form, please contact John Haluck at 916-955-3787.**

I understand that ACTS Missions may contact retreatants after the retreat for quality assurance purposes and to request voluntary testimonials. I also understand that ACTS Missions may contact me after the retreat to get feedback on my experience and to inquire if I would like to participate in and/or support future ACTS Retreats. I understand that under no circumstances will ACTS Missions or anyone from St. Rose ACTS release my personal information to any third-party entity or person not associated with the ACTS Retreat.

\_\_\_\_\_  
Retreatant Signature \_\_\_\_\_  
Date