

REGISTRATION FORM St. Rose of Lima Parish Men's ACTS Retreat

August 19-22, 2021

RETREAT ATTENDEE II	NFO				
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 ATTEN	DED AN AC	CTS RETREAT? (Y/N)
Are you a Parishioner of this Parish? (Y/N) If "NO," what parish or Parish or church: Religious Denomina					hurch do you attend? on:
Who (if you know) inv	ited you?				
Please check if you ha Please explain:	-			ry Medic	al Physical Financial
Alcohol is not allowed	on retreat.				
Emergency Contact:			_ Relatio	nship:	
Phone:		Eı	mail Address:		
RE	tholic Church." Batreat on Thursday is given to parishi TURN COMPLETEI ACTS RETREAT – S	lance of full \$250.0	O fee, less deposit, (Please note that priontholic Church. MENT TO:	\$125.00) is	FOR OFFICE USE ONLY: Scholarship amount requested: Approved by:
ROSEVILLE, CA 95678					Signature

If you have questions about the ACTS Retreat or this Registration form, please contact ACTS CORE TEAM at info@actsroseville.org

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 ACTS Roseville release my personal information to any third-party entity or person not associated with the ACTS Retreat.

Retreatant Signature	Date