



Adoration • Community • Theology • Service

# Women's Retreat Registration Form

## March 16th - 19th, 2023

Beginning Thursday evening with a "send-off" celebration and concluding Sunday in fellowship following Mass at 10:30 am

For more information or to register, please visit: [www.actsroseville.org](http://www.actsroseville.org) Questions? Kindly call Natalie Sundquist: (916) 591-1892 or email: [info@actsroseville.org](mailto:info@actsroseville.org)

<p style="text-align: center;">Retreat cost: \$300.00</p> <p style="text-align: center;">To secure your reservation, please deliver This completed form with a \$150.00 deposit to:</p> <p style="text-align: center;"><i>Saint Rose of Lima Catholic Church 615 Vine Avenue Roseville CA, 95678</i></p> <p style="text-align: center;"><b>Please make checks payable to St. Rose of Lima (ACTS).</b> Reservations are first come, first reserved.</p>	<p style="text-align: center;"><b>WELCOME!</b></p> <p style="text-align: center;">We are excited you are attending an ACTS retreat weekend.</p> <p style="text-align: center;">Prayerfully presented by the parishioners of St. Rose Catholic Church: the intent is to deepen your relationship with Jesus Christ; renew your spirituality; awaken your prayer life; bring greater awareness to Sunday liturgy, and; build friendships with members of your community.</p> <p style="text-align: center;"><b>Any woman age 19 or older is WELCOME.</b> <b>Do not miss out; space is limited.</b></p>
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Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Mobile phone: (\_\_\_\_) \_\_\_\_\_ Work: (\_\_\_\_) \_\_\_\_\_

### Emergency Contact

Name: \_\_\_\_\_ Mobile phone: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

### Please list three people who may be contacted:

Name: \_\_\_\_\_ Mobile phone: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Mobile phone: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Mobile phone: \_\_\_\_\_ Email: \_\_\_\_\_

Your Parish/Church: \_\_\_\_\_ Person who invited you: \_\_\_\_\_

Medical/Dietary Needs: \_\_\_\_\_

T-shirt size: \_\_\_\_\_ (Please check your size)

Small     Medium     Large     XL     XXL     Other: \_\_\_\_\_

### For Office Use Only:

Deposit Paid: \_\_\_\_\_ Check/Cash: \_\_\_\_\_ Date/Time: \_\_\_\_\_ R'cvd. By: \_\_\_\_\_