

ACTS # \_\_\_\_\_

Date: \_\_\_\_\_

(For office use only)

**ACTS**  
**Adoration, Community, Theology, Service**  
**Retreat Registration Form**

**Please Print**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone (optional): \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Family emergency contact person: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone # \_\_\_\_\_

Who introduced you to ACTS? \_\_\_\_\_ Phone # \_\_\_\_\_

Are you married?  Yes  No Has your spouse attended an ACTS Retreat?  Yes  No

Are they scheduled to attend?  Yes  No

Are you a practicing Catholic?  Yes  No Parish/City: \_\_\_\_\_

Do you practice another faith?  Yes  No Church/City: \_\_\_\_\_

Will you have any specific dietary or medical needs during this weekend?  Yes  No

Please state needs: \_\_\_\_\_ I am allergic to: \_\_\_\_\_

You may publish my name on a prayer list for this retreat  Yes  No

**I HAVE INCLUDED THE FEE OF \$150.00**

**Make checks payable to: ACTS Retreat**

If cancellation is made within one week of the retreat, \$50 of the retreat fee will be retained.

Signature: \_\_\_\_\_

.....  
*Detach and return the above portion to the address below*

The retreat's goals are to deepen your relationship with Jesus Christ, renew your spirituality, give new meaning to your prayer life and Sunday Liturgy, and build lasting friendships.

The retreat begins at the Bishop DeFalco Retreat Center 2100 N. Spring in Amarillo on Thursday evening and ends early Sunday afternoon following the closing Mass and reception. The cost for the retreatant is **\$150.00**.

A prompt response is recommended because registrations are made on a first received, first served basis regardless of when your name was submitted or if you are prepaid. You will receive a letter two weeks before the retreat describing what you will need to bring for the retreat. For retreat or registration information, contact David at 356-8325.

**PLEASE NOTE:** Financial difficulties should not prevent anyone from attending the retreat. If you are unable to pay the entire fee, financial arrangements can be made by contacting the ACTS Core President, Davlyn Duesterhaus at 212-8778.

Please mail your registration form and make checks payable to:

**ACTS Retreat**

**P.O. Box 30701 Amarillo, TX 79120**