

Christ the Good Shepherd Men's ACTS Retreat
September 20th - 23rd, 2018
"The Lord sustains my life"
PS 54: 6

Name: _____ Home Phone #: _____

Complete Address and Zip: _____

Work Phone # _____ Cell Phone # _____

E-Mail Address: _____

Please check one: Married Single Language: English Spanish Both

Name of Spouse or Significant Other: _____ Phone #: _____

Spouse or Significant other email: _____ Cell Phone# _____

Close Family or Friend Contacts:

Contact #1: Name _____ Phone # _____ EMAIL _____

Contact #2: Name _____ Phone # _____ EMAIL _____

Contact #3: Name _____ Phone # _____ EMAIL _____

Did someone invite you to this retreat? : If yes, who? _____

Have you ever attended an ACTS Retreat? Yes No If yes, when and where? _____

Name of Parish or Church _____ City: _____

Would sleeping in an upper bunk be a problem for you? Yes _____ No _____

Will you have any special **dietary, medical, mobility or personal needs** during this weekend that you want us to know about? Yes ___ No___ If Yes, we will contact you about your special needs.

Please check appropriate boxes: _____ Team Member Registration

_____ I have included a registration deposit of \$50.00 _____ I request financial assistance

PLEASE COMPLETE BOTH SIDES, DETACH, AND RETURN THE UPPER PORTION OF THIS FORM TO THE ADDRESS BELOW
This Men's ACTS Retreat is scheduled for September 20th - 23rd, 2018. This 3-day, 3-night retreat is presented by parishioners. The retreat's goals are to deepen our relationship with Jesus Christ, renew us spiritually, give new meaning to our prayer life and Sunday Liturgy, and to build lasting friendships with members of your parish and faith community.

The retreat begins Thursday evening at Christ the Good Shepherd and ends Sunday with a family fellowship celebration at Christ the Good Shepherd Parish Life Center immediately following the 10:45 am Mass. Round trip transportation will be provided to and from the Circle Lake Retreat Center.

The cost per retreatant is \$225.00. Registration will be on a first come first serve basis, with a waiting list thereafter. In order to reserve your place, a non-refundable deposit of \$50.00 should be submitted with this form with the remaining balance due on or before the registration for the retreat on September 20th. Forms can be mailed or hand-delivered to Christ the Good Shepherd. We will acknowledge your application shortly after it is submitted. Please make checks payable to: Christ the Good Shepherd. Please note that financial difficulties should not prevent anyone from attending the retreat. If you are unable to pay all or part of the fee, financial assistance is available by checking the appropriate line on this registration form.

Please mail or hand deliver your registration and fee to:

Men's ACTS Retreat
Christ the Good Shepherd Catholic Community
18511 Klein Church Road
Spring, TX 77379

Parish Office Hours:

Monday through Friday
9:00 am – 12:00 pm / 1:30 pm – 9:00 pm
(281) 376-6831

You will receive a letter prior to the retreat with final instructions. Please contact **David Kainer (713-201-3271), Eric Sostre (281-794-9221) or Nick Martinez (281-384-6371) - Director**, if you have any questions. Thank you and may the Peace of Jesus Christ be with you.

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Medical Release and Liability Waiver

Participant's Name: _____

EMERGENCY CONTACT INFORMATION

Contact name: _____

Contact's relationship to participant: _____

Contact Work Phone # _____ Contact Cell Phone # _____

Contact Home Phone # _____

Contact E-Mail Address: _____

I, _____, agree to hold harmless and defend the Archdiocese of Galveston-Houston, Christ the Good Shepherd Catholic Community (it's Pastor, clergy, staff and volunteers) or any representative associated with the conduct of this retreat unless the parties involved were careless and/or negligent in the execution of their responsibilities.

SIGNATURE

DATE SIGNED

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