

**"THE WORD IS NEAR YOU, IN YOUR MOUTH AND IN YOUR HEART"**

Romans 10:8

**Sacred Heart Men's ACTS Retreat  
MARCH 7-10, 2019**

**REGISTRATION AND INFORMATION FORM**

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NAME BIRTHDAY

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NAME AS YOU WANT IT TO APPEAR ON YOUR NAME TAG PARISH

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ADDRESS ZIP

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HOME PHONE WORK PHONE CELL PHONE

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EMERGENCY CONTACT PERSON RELATIONSHIP

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EMERGENCY CONTACT PERSON'S ADDRESS

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EMERGENCY CONTACT HOME PHONE WORK PHONE CELL PHONE

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ANY SPECIAL DIETARY, MEDICAL OR OTHER NEEDS FOR THE RETREAT WEEKEND

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EMAIL ADDRESS

WOULD YOU BE ABLE TO SLEEP IN A TOP BUNK? YES \_\_\_\_\_ NO \_\_\_\_\_

T-SHIRT SIZE: \_\_\_\_\_ HAS YOUR SPOUSE ATTENDED AN ACTS RETREAT? \_\_\_\_\_

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The retreat weekend begins Thursday evening and ends Sunday after mass. Round trip transportation to Cathedral Oaks is provided from Sts. Cyril & Methodius parish in Shiner. The cost per retreatant is \$160.00, which includes the registration fee of \$25.00, to be submitted with this registration form. The remaining \$135.00 balance is due Thursday, March 7th at check in. (Please note, financial difficulties should not prevent you from attending the retreat as arrangements can be made by contacting one of the directors below.) Please make checks payable to Sacred Heart Men's ACTS Retreat and mail your completed registration form and fee to David Janecek, 5207 FM 533, Shiner, TX 77984.

Bruce Sciba  
361.772.5849

Greg Patek  
512.751.0765

D.J. Janecek  
512.773.6776

## CONSENT TO USE NAME

I, \_\_\_\_\_, hereby give Sacred Heart ACTS the absolute and irrevocable right to use my name on the Internet (World Wide Web) and in print publications.

I understand that my name may be used for the website and or literature published. I hereby waive the right to inspect or approve the images prior to any form of usage.

By signing this agreement, or by signing this agreement on behalf of a minor, in the state of Texas, I am giving Sacred Heart ACTS the right to use my name for any purposes without further approval from me.

I certify, by signing below, that I am of legal age, 18 years of age or older or that I am the parent or legal guardian of the identified minor. I have read this agreement and fully understand the contents herein.

Individual's Name (PRINT): \_\_\_\_\_

Individual's Signature: \_\_\_\_\_

Individual's Address: \_\_\_\_\_

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

Date of Birth: \_\_\_\_\_ Date this agreement signed: \_\_\_\_\_

*Information of parent or guardian, if the individual is under 18 years of age:*

Parent/Guardian Name (PRINT): \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Parent/Guardian Address: \_\_\_\_\_

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

Date of Birth: \_\_\_\_\_ Date this agreement signed: \_\_\_\_\_