



**ACTS MEN'S RETREAT REGISTRATION FORM**  
**ST JUDE CATHOLIC CHURCH**  
**March 30-April 2, 2017**

For internal use only – Date/Time received \_\_\_/\_\_\_/17 \_\_\_:\_\_\_#\_\_\_

St Jude ACTS retreat weekend is hosted by lay members of St Jude Catholic Church and other local parishes/churches who have themselves attended an ACTS retreat. The goal of the retreat is to deepen your relationship with Jesus Christ, to receive spiritual renewal, give new meaning to Sunday liturgy and your prayer life, and to build lasting relationships with other members of our community.

**Note:** Due to Diocesan Policy, all applicants must be over 18 years of age at the time of the retreat.

The retreat will be held at Camp Bethany in Bethany, LA. Round trip transportation is provided. Please meet at 5:30 pm for sendoff at St. Jude Miciotto Center on Thursday, March 30<sup>th</sup>. The retreat will end on Sunday, April 2<sup>nd</sup> following the 11:30 am mass. After mass, there will be a welcome back reception in the John & Rose Miciotto Parish Center.

The cost of the retreat is \$185.00 (room and board). Your deposit of \$75.00 must be submitted with this form in order to reserve your place. The remaining \$110.00 is due Thursday at send off. Please make your check payable to St. Jude Catholic Church. If a retreat date becomes full, your deposit will be returned to you and you may register when registration begins for the next retreat date.

*Please note: Financial difficulties should not prevent anyone from attending the retreat. If you are unable to pay all, or part of the fee, financial arrangements can be made by notifying **retreat director David Woods 318-402-3529**.*

**THIS FORM MUST BE MAILED TO THE FOLLOWING ADDRESS IN ORDER TO INSURE ACCURATE AND TIMELY REGISTRATION**  
**St Jude ACTS      4700 Palmetto Road      Benton, LA 71006**

\_\_\_\_\_  
 Name Name as you want it to appear on your Name Tag

\_\_\_\_\_  
 Address City ST ZIP

\_\_\_\_\_  
 Home Phone Work Phone Cell Phone

\_\_\_\_\_  
 Email Address Date of birth

**Please provide the following emergency contacts:**

\_\_\_\_\_  
 Family member / Friend Home Phone Work Phone

\_\_\_\_\_  
 Family member / Friend Home Phone Work Phone

\_\_\_\_\_  
 Family member / Friend Home Phone Work Phone

**List special dietary or medical needs, if any:**

\_\_\_\_\_  
 \_\_\_\_\_

Do you have trouble climbing stairs? Yes / No (circle one)

What is the name of the church that you attend?

Indicate your  
 T-shirt Size \_\_\_\_\_

\_\_\_\_\_  
 Church Name City

\_\_\_\_\_ I have included my deposit of \$75.00      \_\_\_\_\_ I have included the entire fee of \$185.00

**Hold Harmless Agreement**

To the fullest extent permitted by law, as a retreatant and/or participant of the St Jude ACTS retreat weekend, I release and agree to defend, pay on behalf of, indemnify and hold harmless the Diocese of Shreveport and St Jude Catholic Church (collectively, the "Sponsor"), it's elected and appointed officials, it's agents, employees and volunteers and others working on behalf of the Sponsor against any and all Claims, demands, suits, or loss, including attorney's fees and all cost connected therewith, and for any damages which may be asserted, claimed or recovered against or from the Sponsor, it's elected and appointed officials, it's agent employees, volunteers, or others working on behalf of the Sponsor, by reason of personal injury, including bodily injury or death and/or property damages, including loss of use thereof, suffered by retreatant and/ or participant.

\_\_\_\_\_  
 Signature Date

# **Men's ACTS**

## **Registration Form**

**March 30-April 2, 2017**

LIMITED SPACE – REGISTER EARLY