

WOMEN'S ACTS RETREAT SEPTEMBER 15TH - 18TH, 2016 -- REGISTRATION FORM

"No servant can serve two masters. You cannot serve God and money." Luke 16:13

You are invited to attend the ACTS weekend retreat, presented by laywomen from St. Benedict Catholic Church. The retreat's goals are to allow an opportunity for you to focus on your faith and its application during your daily life, build purpose in your prayer life, increase your presence at the liturgy, and cultivate friendship among members of the church community.

Round trip transportation will be provided for all retreatants to Our Lady of Guadalupe Youth Camp. The retreat begins Thursday evening, September 15th at 5:30 p.m. at St. Benedict Church and ends Sunday, September 18th with a reception following the 10:00 a.m. Mass.

Cost for each retreatant is \$165.00. A registration fee of \$50.00 must be submitted with the registration form in order to reserve your place. The remaining \$115.00 is due on or before check-in on September 15th. Checks should be made payable to St. Benedict ACTS. We ask that any cancellations/requests for refunds of the initial registration fee be made no later than September 8th, 2016. Please Note: Financial difficulties should not prevent anyone from attending the retreat. If financial assistance is needed, please contact Teri Assell at (405) 788-7690.

Approximately 10-14 days before the retreat, you will receive a letter outlining what you will need for the retreat. Please call Teri Assell if you have any questions.

Please detach and return bottom portion

_____ Last Name	_____ First Name	_____ Name you would like on name tag	
_____ Street Address or PO Box	_____ City	_____ State	_____ Zip Code
(_____)_____ Home Phone	(_____)_____ Mobile Phone	(_____)_____ Work Phone	
_____ Email		_____ Birth - Mo/Day	_____ T-Shirt Size

Please list dietary requirements, allergies, or medical conditions such as heart or lung problems, diabetes, etc.:

List 2 people to contact in case of an emergency:

_____ Name	_____ Relationship	_____ Address	
(_____)_____ Home Phone	(_____)_____ Mobile Phone	(_____)_____ Work	
_____ Name	_____ Relationship	_____ Address	
(_____)_____ Home Phone	(_____)_____ Mobile Phone	(_____)_____ Work	

Do you know anyone who has attended an ACTS retreat before? If so, please list their name(s):

Do you know anyone who is attending this ACTS retreat? If so, please list their name(s):

_____ Signature		_____ Date	
_____ Date	_____ Amount Paid	_____ Check # / Cash	_____ Balance Due