

Holy Spirit Teen ACTS Registration

“Turn to the Lord in your need and you will live!”

Psalm 69: Refrain



Retreat Date: July 11 - 14, 2019
Sanctus Ranch Retreat Center

ACTS is a Catholic retreat movement presented by parishioners for parishioners with the guidance of religious leaders. The goal of each retreat is to facilitate a deepening of our relationship with Jesus Christ, to renew ourselves spiritually, to give new meaning to our prayer life, and to build lasting friendships with members of our parish communities.

This ACTS retreat will begin on Thursday evening, July 11, 2019 and continue through the weekend ending with an 11:30 Mass on Sunday, July 14, 2019 at Holy Spirit Catholic Church at 8134 Blanco Rd, San Antonio, TX 78216.

The retreat cost is \$190, payable to “Holy Spirit ACTS”. Registration begins on Monday, April 29, 2019 and is on a first-come, first-served basis, with a waiting list thereafter. Out of parish registrations will be placed on a waiting list until Monday, May 27, 2019 when all spaces not reserved by Holy Spirit parishioners will be released. To reserve your place, please return this registration form and include a \$75 deposit payment. Forms are date and time stamped upon receipt. The \$115.00 balance will be due upon check-in Thursday evening at Holy Spirit Catholic Church. **Please note that financial hardship should not prevent anyone from attending the retreat. If you are unable to pay entire fee, contact the parent directors as a limited number of scholarships may be available.

Deliver registration forms to:	Mail registration forms to:
Holy Spirit Parish Offices 758 W. Ramsey (2nd floor of Administration) San Antonio, TX 78216 Hours: Mon - Fri: 8:30 a.m. - 5:00 p.m.	Holy Spirit Catholic Church/ ACTS Attention: Teen ACTS Registration P.O. Box 460729 San Antonio, TX 78246-0729

For further information regarding the retreat weekend, please contact the **Parent Directors Chris Frelack (210) 341-1397** or **Dan Chavarria (210) 663-5245**. A letter will be mailed to registered retreatants 7 - 10 days prior to the retreat providing you with further details, directions, and suggestions on what to bring for the weekend.

Please fill out and return registration form on reverse side

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Please print clearly Name: _____

(As you would like it on your nametag)

Address: _____

(Street, city, state & zip code)

Home Phone: _____ Teen Cell Phone: _____ Parent Cell Phone: _____

Teen Email address: _____ Teen Shirt Size: S M L XL 2XL 3XL

(Circle One)

Parish or Church you attend: _____ School you attend: _____

(Going into) Grade: _____

Mother's Email address: _____ Father's Email address: _____

Will you have any special medical needs during the retreat weekend? [] Yes [] No

If yes, please specify needs (medical or prescription needs): _____

I have included my: [] *\$75 deposit or [] \$190 retreat fee.

Checks can be made payable to **Holy Spirit ACTS**

*Cancellation

Cancellations made 2 or more weeks before retreat	full refund of registration fee
Cancellations made within 2 weeks of retreat	\$75.00 (deposit will not be returned)

Holy Spirit ACTS Liability Waiver

I, _____ agree on behalf of my child, _____ to hold harmless and defend Holy Spirit Catholic Church of San Antonio, Texas, the Archdiocese of San Antonio, its officers, agents, employees or representatives associated with the ACTS retreat/trip from any and all liability claims, loss or damages arising from or in connection with my participation in the retreat trip.

Signature: _____

Date: _____ / _____ / _____

Holy Spirit ACTS Medical Waiver

Please read and list all conditions which apply. All information will be kept confidential.

- I hereby warrant that to the best of my knowledge that my child is in good health.
- My child I will bring all medications with directions for consumption, including dosage(s) and frequency of consumption.
- In the event of an emergency, I hereby give permission to take necessary measures so that my child can be transported to a hospital for emergency medical or surgical treatment. I wish to be advised prior to any treatment by the hospital or doctor.
- In the event of an emergency, please contact:

*****MUST LIST AT LEAST ONE ALTERNATE / EMERGENCY CONTACT*****

Name: _____	Name: _____
Relationship: _____	Relationship: _____
Home Phone: (____) _____	Home Phone: (____) _____
Cell Phone: (____) _____	Cell Phone: (____) _____

Parent Signature: _____

Date: _____ / _____ / _____

For Office Use Only

Application Received: _____ / _____ / _____

Amount Received: \$ _____

Cash Check # _____

Money Order # _____

Received by: _____