

ST ROSE WOMEN'S ACTS RETREAT

March 8-11, 2012 - Kaiserhof Retreat Center, Tomball, Tx

"...but we proclaim Christ crucified." 1 Corinthians 1:23

(Please Print)

Name: _____ Name on Badge: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Cell: _____ Email: (Yours) _____

Please check one: [] Married [] Single

Name of Spouse or Significant Other: _____ Phone: _____

Spouse's Email Address: _____ Spouse's Cell Number: _____

Close Family or Friend Contacts:

Contact #1: Name: _____ Phone: _____

Contact #2: Name: _____ Phone: _____

Name of someone who we can call to pray for you:

Name: _____ Phone: _____

Have you ever attended an ACTS Retreat? _____ If yes, when and where? _____

Parish or Church you attend: _____ City: _____

Religion: _____

Person inviting you to this retreat: _____

Possible Roommates _____ & _____ Rooms will be triple occupancy.

Will you have any specific dietary, medical or physical needs during this weekend? (i.e. Prescription meds, trouble walking on the retreat grounds, food allergies/restrictions, etc.) No Yes, see below

Emergency Contact Person (Relationship): _____

Home Phone: _____ Work Phone: _____

I HAVE INCLUDED MY REGISTRATION FEE OF \$200.00 Check number _____ or Cash

I will need financial assistance. would be willing to donate toward the support of those in need of financial assistance to attend this retreat.

_____(please initial) I understand that in order to receive a full refund, I must cancel no later than two weeks prior to the retreat.