

St. Martin de Porres



Registration Form

**St. Martin de Porres Women's ACTS Retreat
St. Charles Retreat Center, Lake Charles, LA
September 13-16, 2018**

ACTS is an acronym for Adoration, Community, Theology and Service. The retreat's goals are to strengthen our faith and its application in our daily life, to renew ourselves spiritually and to build strong lasting friendships. The ACTS weekend is presented by lay Catholic women, with support provided by a Spiritual Director and clergy.

The retreat begins Thursday evening, September 13, 2018, with check-in at 5:30 p.m. at Granger-Vincent Complex. Transportation to and from the retreat center will be provided. We will return to St Martin de Porres Church on Sunday, September 16, 2018, for a 10:30am Return Mass.

Space on the retreat is limited and as awareness has increased, so has the desire to attend. In an effort to eliminate long waiting lines, a lottery system has been put into place. You no longer need to line up early. Preference will be given to **REGISTERED** St. Martin de Porres parishioners. **The full cost for the retreat is \$240.00. The registration form with a \$50 deposit made payable to "SMdP ACTS" must be presented during registration to reserve your space on the retreat. Full payments of \$240.00 are also appreciated.** Any remaining balance will be due at the Thursday evening check-in. ***Please Note: A scholarship fund has been established to provide registration assistance for retreat attendance. Financial difficulties should not prevent anyone from attending the retreat. If you have financial concerns, confidential arrangements can be made by contacting your Pastor, a Director or Co-Director of this retreat or a member of SMdP ACTS Core Team.***

ACTS is a parish-based retreat and ministry. **Registration will begin Saturday, July 21, 2018. Registration representatives will have registration forms after each weekend Mass on July 21,22, 28,29th at the SMdP Church narthex. Forms can be dropped off at the SMdP Parish Office at 5495 Elliott Road in a sealed envelope until registration ends on Monday, August 6, 2018 at 10 a.m. (There is a mail slot in the door of the church office).** Preference will be given to SMdP Registered Parishioners, so that the hosting parish may fully benefit from the fruits of the retreat. If the retreat is not filled with SMdP members, space will be open on the retreat to those not registered within the church parish. Any names not drawn during the lottery process (if more than 36 register), will be placed on a waiting list and will be contacted as space is available. This waiting list is maintained until the day of the retreat to fill any vacancies; those remaining on the waiting list are returned their deposits by the Parish Office. If you are not able to register within the 2 week period, you may ask someone else to register for you and turn in your completed form and deposit.

You will receive a letter about two weeks prior to the retreat describing the necessities you should bring on the retreat. If you need further information or have any questions, please contact one of the Directors listed:

Rita Fuselier, Director 337-842-9953 or rita.fuselier@yahoo.com
Sheila Sartori, Co-Director 337-302-3635
Deborah Faul, Co-Director 337-515-8584
Msgr. Jace Eskind, Retreat Spiritual Director
Sharon Saltzman, Retreat Spiritual Companion

ACTS RETREATANT REGISTRATION FORM

Please register me for the WOMEN'S ACTS Retreat, September 13-16, 2018. Enclosed please find my deposit/registration fee of \$50 made payable to SMdP ACTS.

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

SINGLE _____ MARRIED _____ BIRTHDAY _____ AGE _____ TSHIRT: S M L XL XXL XXXL

YOUR EMAIL _____

HOME PHONE _____ CELL PHONE: _____

CHURCH WHERE YOU ARE REGISTERED & ATTEND _____

Circle one: Catholic (receives sacraments) / Catholic (not receiving sacraments) / Non-Catholic _____

SPOUSE'S NAME _____

SPOUSE'S EMAIL _____

SPOUSE'S CELL PHONE _____ SPOUSE'S WORK PHONE: _____

CHILDREN'S NAMES & AGES _____

DUE TO LIMITED FLEXIBILITY OF THE RETREAT SCHEDULE, PLEASE ANSWER THE FOLLOWING QUESTIONS SO THAT WE ARE ABLE TO MAKE YOUR RETREAT EXPERIENCE AS COMFORTABLE & ENJOYABLE AS POSSIBLE:

DO YOU HAVE ANY SPECIFIC DIETARY NEEDS, FOOD ALLERGIES OR OTHER HEALTH ISSUES THAT WE SHOULD BE AWARE OF IN PLANNING YOUR RETREAT WEEKEND? IF YES, PLEASE EXPLAIN:

ARE THERE ANY PRESCRIBED MEDICATIONS YOU WILL BE REQUIRED TO TAKE ON A ROUTINE BASIS DURING THIS RETREAT? YES _____, NO _____

(PLEASE COMPLETE REVERSE SIDE)

ACTS RETREATANT REGISTRATION FORM (pg. 2)

PLEASE GIVE US EMERGENCY CONTACT INFORMATION FOR SOMEONE WHO **DOES NOT** LIVE WITH YOU:

EMERGENCY CONTACT NAME: _____

RELATIONSHIP TO YOU: _____

EMERGENCY CONTACT HOME PHONE: _____

EMERGENCY CONTACT CELL PHONE: _____

EMERGENCY CONTACT WORK PHONE: _____

EMERGENCY CONTACT EMAIL: _____

HOW DID YOU HEAR ABOUT THE ACTS RETREATS? _____
