REGISTRATION FORM

St. Aloysius Women's ACTS Retreat

Weber Retreat Center

February 25-28, 2027 (Thursday evening thru 12noon Sunday Mass)

RETREAT ATTENDEE INFO

_____ _____ _____

First Name Last Name Preferred

_____ _____

Street Address City State Zip E-Mail Address

_____ _____ _____

Home Phone Work Cell

OVER 21 YEARS OLD? (Y/N) _____ **EVER ATTENDED AN ACTS RETREAT?** (Y/N) _____

Are you a Parishioner of this Parish? (Y/N) _____

If "NO", what parish or church do you attend: _____ **Religion:** _____

If someone invited you, who: _____

Please check if any specific needs: ☐ Dietary ☐ Medical ☐ Physical ☐ Financial Assistance

Please explain: _____

PLEASE NOTE THAT THERE IS NO ALCOHOL ALLOWED ON THE ACTS RETREAT

Emergency Contact: _____ Relationship: _____

Phone: _____ E-Mail Address: _____

To guarantee your reservation, please remit payment for the retreat deposit fee amount of $100 to St. Aloysius Church. Full payment of $350 is due by Feb. 25.

The retreat fee for a private room is $400

PLEASE RETURN THIS COMPLETED FORM WITH PAYMENT TO THE ADDRESS BELOW:

St. Aloysius Catholic Church

131 S. Summit St. P.O. Box 485

Bowling Green, OH 43402

FOR OFFICE USE ONLY:

Scholarship amount requested: _____

Approved by:

_____

Signature

If you have questions about the ACTS Retreat or Registration please contact, Veronica Wilhelm, at 419-575-9109.

I understand that ACTS Missions will collect all retreatants information for quality purposes and testimonials. I also understand that ACTS Missions may contact me after this ACTS Retreat to get feedback on my experience and see if I would like to participate and support future ACTS Retreats. I understand that ACTS Missions will NOT release my personal information to outside agencies.

Initial here to **OPT-OUT** of ACTS Missions follow up initiatives: _____

_____

Retreatant Signature Date

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