

# St. Elizabeth of Hungary Catholic Church

## Teen A.C.T.S

### Registration Form

Retreat July 25-28, 2019

We would like to invite you to join us for an extraordinary weekend. The Retreat will begin Thursday, July 25th, 2019 with check-in at the Parish Hall and ending Sunday July 28th with a meal of fellowship in the parish hall following the 11:30 am mass. Roundtrip transportation is provided along with lodging, meals, and snacks. Check in time is TBD. The retreat will be held at Eagles Wings Retreat Center, Burnet, TX. **Please make sure a parent/legal guardian is present at check-in.**

The goals of the retreat are to allow an opportunity for each teen to focus on their faith and its application during their daily lives, to build purpose in their prayer life, to increase their presence at the liturgy, and to cultivate friendship among our young church.

Cost for each retreatant is \$185. A deposit of \$50 must be submitted with this form to reserve your place on the retreat. The balance is due at the Thursday check-in before the retreat begins. PLEASE NOTE: Registration form and deposit may be dropped off at church office, RE office, or mailed. Checks should be made out to St. Elizabeth with Teen ACTS in the memo line.

For more information or questions contact Teen ACTS Facilitator:

Annette Jones

(512)775-1398

[nettyb@swbell.net](mailto:nettyb@swbell.net)

St. Elizabeth of Hungry Catholic Church, 1520 N. Railroad Ave. Pflugerville, TX 78660  
Please make checks payable to St. Elizabeth with "Teen ACTS" in the memo.

Teen's Name		Name as you want it to appear on your name tag/luggage tag	
ADDRESS		CITY/STATE/ZIP	
DATE OF BIRTH (MM/DD/YYYY)	PARENT PHONE #	TEEN'S PHONE #	
PARENTS EMAIL		TEEN'S EMAIL(Parent will always be copied on emails)	
ALERGY, DIETARY, MEDICAL NEEDS	SHIRT SIZE (circle)	IS ST. ELIZABETH YOUR PARISH?	
	<b>S M L XL 1X 2X</b>	<b>Y/N</b>	
Incoming Grade (Circle)	Gender	Received First Holy Communion?	
<b>Sophomore/ Junior/ Senior/ 2019 Grad</b>	<b>M/F</b>	<b>Y/N</b>	

Name two family members or close friends you would like to have praying for you during your Retreat.

Name	Relationship	Phone	Email
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**\*All information must be filled out on registration form.** Due to order time of shirts, size is not a guarantee. Parents and teens will receive an email, phone call, or both one week prior to retreat. Those registering with less than a week till retreat should contact Annette Jones for important information.

**\*PARENTS SIGNATURE** \_\_\_\_\_

<b>*OFFICE USE ONLY</b>			
RECEIPT # _____	AMT PAID _____	BALANCE _____	CASH/CHECK/ONLINE _____
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