

Registration Information
Acts Mission Retreat
Men's A.C.T.S. Retreat March 14th to 17th, 2019

We would like to invite you to join us for an extraordinary weekend. It will be an opportunity for spiritual renewal and the making of many friends. 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 retreat is presented by lay Catholic men, with support provided by a Spiritual Director.

The retreat begins with Retreatant check in on Thursday evening, March 14th, 2019 with check-in at 5:45 P.M. at St. Edmond's Family Hall. The retreat concludes with a return mass at St Edmond's Catholic Church at 11:00am on Sunday, March 17th, 2019 with a reception following. The cost for the retreat is \$265.00. The attached registration form and a \$100.00 deposit must be brought to St. Edmond's Administration Building by **4:00pm on February 11th**.

Please note: Financial difficulties should not prevent anyone from attending the retreat. If you have financial concerns, confidential arrangements can be made by contacting your pastor.

Applications are due by 4:00pm on February 11th. If you need further information or have any questions, please contact one of the Directors listed.

Director
Rusty Manuel
(337) 789-1573
rpmanuel08@yahoo.com

Co-Director
Kal Landry
(337) 319-4876
klandry@slick-inc.com

Co-Director
Richard Yandle
(337) 278-7695
knightyandle@gmail.com

Spiritual Companion
Jude Huckaby
(337) 207-7087
judeh@charter.net

Spiritual Director
Fr Gil

Retreatant Registration for the St. Edmond Men's ACTS Retreat
St. Edmond Men's Mission Retreat March 14-17, 2019

"The LORD is my light and my salvation; whom should I fear?" Psalms 27:1

Place a check mark next to the amount enclosed:

\$100 Registration Fee \$265 Full Retreat Fee

Please make checks payable to St. Edmond ACTS

(Please Print Legibly)



Retreatant Information

First: _____ Middle: _____ Last: _____
Address _____
City: _____ State: _____ Zip: _____
Home Phone (____) _____ - _____ Cell Phone: (____) _____ - _____
Email: _____ Referred by: _____
Birthday: _____ Religion: _____
Church Parish where you are registered and attend: _____
T-Shirt Size (CIRCLE ONE): S M L XL XXL 3XL 4XL
Nickname or Name as you want it to appear on your name tag: _____

Spouse Information

Name: _____ Marital Status: _____
Home Phone: (____) _____ - _____ Cell Phone: (____) _____ - _____
Email: _____

Primary Contact Information

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

Emergency Contact Information (Person who does NOT live with you)

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

Medical or Dietary Needs during the Weekend

Do you use a C-PAP machine (CIRCLE ONE): Y OR N Wheel Chair Required (CIRCLE ONE): Y OR N

Please list any specific medical or dietary needs you may require during the weekend

Please complete your registration form and return it to

Men's ACTS Retreat
c/o St. Edmond Church, Lafayette
4131 West Congress Street
Lafayette, LA 70506

