

Holy Spirit Women's ACTS Registration

Retreat Date: January 24-27, 2019
Cordi-Marian Retreat Center
11625 Culebra, San Antonio, Texas 78253

"Many parts...together we are ONE body in Christ!" 1 Corinthians 12:12

ACTS is a Catholic retreat movement presented by parishioners for parishioners with the guidance of religious leaders. The goal of each retreat is to facilitate a deepening of our relationship with Jesus Christ, to renew ourselves spiritually, to give new meaning to our prayer life, and to build lasting friendships with members of our parish communities.

This ACTS retreat will begin on Thursday evening, January 24th and continue through the weekend ending with an 11:30 Mass on Sunday, January 27th at Holy Spirit Catholic Church at 8134 Blanco Rd, San Antonio, TX 78216.

The retreat cost is \$190, payable to "Holy Spirit ACTS". Registration begins on Monday, November 19, 2018 and is on a first-come, first-served basis, with a waiting list thereafter. Out of parish registrations will be placed on a waiting list until Monday, December 17, 2018 when all spaces not reserved by Holy Spirit parishioners will be released. To reserve your place, please return this registration form and include a \$75 deposit payment. Forms are date and time stamped upon receipt. The \$115 balance will be due upon check-in Thursday evening at Holy Spirit Catholic Church. **Please note that financial hardship should not prevent anyone from attending the retreat. If you are unable to pay entire fee, contact the director or co-director as a limited number of scholarships may be available.

Deliver registration forms to:	Mail registration forms to:
Holy Spirit Catholic Church Admin Office 758 W. Ramsey San Antonio, TX 78216	Holy Spirit Catholic Church / ACTS P.O. Box 460729 San Antonio, TX 78246-0729

Holy Spirit Parish Office: 758 W. Ramsey (2nd floor of Administration)

Hours: Mon-Fri 8:30 a.m. – 5:00 p.m.

The retreat center does not permit alcohol nor do they permit smoking in any building on their campus. It is the policy of Holy Spirit Catholic Church that alcohol will not be a part of the retreat.

For further information regarding the retreat weekend, please contact the director, Myra Garza at myra.garza@hscssa.org 210-387-7051 or co-director, Shellye Purcell at shellye.purcell@sbcglobal.net or 210-421-5267.

A letter will be mailed to registered retreatants 7-10 days prior to the retreat providing you with further details, directions, and suggestions on what to bring for the weekend.

Please fill out and return registration form on reverse side

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Please print clearly Name: _____

(As you would like it on your nametag)

Address _____

(Street, city, state & zip code)

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Email address: _____ Parish or Church you attend: _____

Roommate Preference: _____

(Roommate preference will be accommodated as possible)

Will you have any special dietary or medical needs during the retreat weekend? [] Yes [] No

If yes, please specify needs:

Do you have difficulty climbing stairs, walking on unpaved or uneven surfaces; other mobility problems (e.g. use cane, walker, wheel chair)? [] Yes [] No (Mobility challenges should NOT deter you from attending!)

I have included my: [] *\$75 deposit or [] \$190 retreat fee.

Checks can be made payable to **Holy Spirit ACTS**

*Cancellation	
Cancellations made 2 or more weeks before retreat	full refund of registration fee
Cancellations made within 2 weeks of retreat	\$75.00 <i>(deposit will not be returned)</i>

Holy Spirit ACTS Liability Waiver

I, _____ agree on behalf of myself, my heirs, assigns, executors and personal representatives, to hold harmless and defend Holy Spirit Catholic Church of San Antonio, Texas, the Archdiocese of San Antonio, its officers, agents, employees or representatives associated with the ACTS retreat/trip from any and all liability claims, loss or damages arising from or in connection with my participation in the retreat trip.

Signature: _____

Date: ____/____/____

Holy Spirit ACTS Medical Waiver

Please read and list all conditions which apply. All information will be kept confidential.

- I hereby warrant that to the best of my knowledge, that I am in good health and I assume all responsibility for my health.
- I am taking medications at present and will be responsible for their proper consumption.
- I will bring all medications with directions for consumption, including dosage(s) and frequency of consumption.
- In the event of an emergency, I hereby give permission to take necessary measures so I can be transported to a hospital for emergency medical or surgical treatment. I wish to be advised prior to any treatment by the hospital or doctor.
- In the event of an emergency, please contact: ******MUST LIST AT LEAST ONE ALTERNATE / EMERGENCY CONTACT******

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

Signature: _____

Date: ____/____/____

For Office Use Only	
Application Received:	____/____/____
Amount Received:	\$ _____
Cash	Check # _____
Money Order	# _____
Received by:	_____