

Registration Form for Upcoming ACTS Retreat

You may also register & pay online at Immaculate Conception's website: www.icc-columbia-il.us

First Name: _____ Last Name: _____

Preferred Nickname (if any): _____ Birthdate (mm/dd/yyyy): _____

Month of Retreat: _____ Women's Men's Registration: First Time Returning Team

Email: _____ Best Phone: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Your Parish or Church: Immaculate Conception _____ No Current Affiliation

Areas you may need assistance with: Financial (see below) Dietary Allergy Medical Mobility

Please explain: _____

Single Occupancy Double* Occupancy Room (list name of co-retreatant) _____

Emergency Contact Information

First & Last Name: _____ Relationship: _____

Email of Contact: _____ Best Phone for Contact: _____

REGISTRATION AND PAYMENT

To guarantee your reservation, a minimum \$50 deposit is due with your registration form, with the balance due at Thursday Retreat Check-In.

The full amount is \$345 for single occupancy or \$265 for double* occupancy

**Double occupancy co-retreatant must also complete individual registration form.*

Make checks payable to "Immaculate Conception" and write "ACTS" in the memo section.

\$50 deposit Paid in full (\$345/\$265) Aid requested \$ _____

*The ACTS Retreat Ministry relies on the stewardship of past retreatants & team members, and the Immaculate Conception faith community, to keep this program affordable and sustainable. Please do not let financial hardship stand in the way of attending this retreat. **Financial assistance is available confidentially by reaching out to IC pastor Fr. Steve Thoma, C.R., at 618-281-5105 or in person.** Your retreat director can also guide you to assistance.*

YOUR PRIVACY: I understand that ACTS Missions (national organization) may collect retreatant information (excluding financial information) for quality assurance 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 in 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 Mission follow-up initiatives.** _____

I further understand that the ACTS Ministry of Immaculate Conception will use my contact information for the purposes of this retreat, and to follow up with me post-retreat to keep me engaged with this local ACTS community and support future local retreats. I can disengage with this community at any time by contacting an ACTS member or the parish office.

Signature of Retreatant: _____

FOR OFFICE USE ONLY: Received \$ _____ check # _____ Due \$ _____ Aid requested \$ _____ Approval (signature) _____
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RETURN FORM TO:

Immaculate Conception Parish · 411 Palmer Road · Columbia, Illinois 62236 · 618-281-5105

Parish ACTS Retreat inquiries: iccacts.il@gmail.com · National ACTS Organization: <http://actsmissions.org>