

Sts. Simon and Jude Women's ACTS Retreat
September 21-24, 2017
Retreatant Registration Form

Participant Name: _____ Spouse First Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

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

Preferred E-Mail: _____ Parish/Church: _____

Will you have any specific dietary, mobility, or medical needs during the weekend? yes* no

**If yes, we will contact you about your special needs.*

- I have included my registration deposit fee of \$50 (\$200 balance due by 8/31/2017)
- I have included my entire registration fee of \$250
- I need financial help with my registration fee. (Assistance will not include the \$50 registration fee)
- I have included/wish to make a donation for a woman needing financial assistance \$ _____

Please make checks payable to: **"Sts. Simon and Jude"** and note **"Women's ACTS"** on the memo line

If you have any questions, please contact Catie MacKrell (832) 703-7135, Linda Zakrzewski (281) 844-3176, or Debe Leone (281) 923-5556

Medical Release and Liability Waiver

EMERGENCY CONTACT INFORMATION:

Contact name: _____

Contact's relationship to participant: _____

Contact Work Phone # _____ Contact Cell Phone # _____

Contact Home Phone # _____

Contact E-Mail Address: _____

If you have a Medical Condition such as allergies or prescription medications which may require special attention during the retreat, please make sure you have checked the appropriate space on the top section of this document and the Director will contact you to discuss the details.

I, _____ agree to hold harmless and defend the Archdiocese of Galveston-Houston, Sts. Simon and Jude Catholic Parish (it's Pastor, clergy, staff and volunteers) or any representative associated with the conduct of this retreat unless the parties involved were negligent in the execution of their responsibilities.

Signature

Date Signed