



ST. MARY'S ASSUMPTION CATHOLIC CHURCH
"Come, take courage, it is I, do not be afraid."
Matthew 14:27
Women's Retreat: August 10-13, 2017

This ACTS RETREAT is sponsored by St. Mary's Assumption Catholic Church. We would like to invite you to join us for a weekend at Maryhill Renewal Center in Pineville, LA. It will be an opportunity for spiritual renewal and fellowship beginning Thursday evening and concluding with 10:30 am Sunday Mass at St. Mary's Catholic Church, 820 Front Street, Cottonport, LA.

For information about the retreat, please contact: *Wanda Graham* at 318.240.3923 or womenacts@stmaryscottonport.com.
 For information regarding registration, please contact: *Luke Welch* at 318.359.3372 or coreteam@stmarysacts.com.

APPLICATION, REGISTRATION, AND INFORMATION FORM

| | | | |
|---|-------------------|---|--|
| NAME | | T-SHIRT SIZE | |
| ADDRESS STREET, CITY, AND ZIP | | | |
| HOME PHONE | WORK PHONE | CELL PHONE | |
| EMAIL ADDRESS | | | |
| | Yes / No | Yes / No | If so, When? |
| NAME OF YOUR CHURCH AND CITY | ARE YOU CATHOLIC? | Has your SPOUSE attended a St. Mary's ACTS Retreat? | |
| SPOUSE NAME AND PHONE NUMBER | | | |
| EMERGENCY CONTACT: Contact Name and Home Number | | ALLERGIES | SPECIAL NEEDS (Dietary, Medical, Disability) |

Financial assistance needed: Yes or No (please circle)

The undersigned do hereby release forever, discharge, & agree to hold the above group/church/school, the Diocese of Alexandria, St. Mary's Assumption Catholic Church of Cottonport, ST. MARY'S of Avoyelles ACTS, ACTS International &/or Sponsor or any Hospital or Medical Center used while on trip/event harmless from & against any & all liability, claims, demands, lawsuits & expenses arising from personal injury, sickness, death, or property damage of any nature whatsoever which may be incurred or suffered by the undersigned while attending activities. Furthermore, the undersigned hereby assumes all risk of personal injury, sickness, death, damage & expense arising from the undersigned participation in all activities, including recreation & work activities involved in the above activity. In addition, authorization & permission is hereby given to furnish all necessary transportation, food & lodging for the undersigned. The undersigned further hereby agrees to indemnify & hold the above group/church/school, the Diocese of Alexandria, St. Mary's Assumption of Cottonport, LA, ACTS International &/or the Sponsor &/or any Hospital or Medical Center used during the event/trip, & their respective members, directors, employees, & agents (collectively, the "Indemnities"), harmless from & against any & all claims, demands, actions, lawsuits & liabilities, including attorney's fees & expenses sustained by the indemnities as the result of the negligent, willful, or intentional act of the undersigned.

Applicant signature _____ **DATE** _____

Please return this registration form along with a \$50 deposit check made payable to AVOYELLES ACTS. If no deposit is received the application will be moved to the bottom of the list.

Mail to: AVOYELLES ACTS P.O. Box 125 COTTONPORT, LA 71327.

Make sure it arrives by **Tuesday, June 27, 2017 by 5:00pm.**
The prayer service and selection will be after 5:15pm Mass at St. Mary's on Thursday, June 29, 2017 where a roster will be developed. You will be contacted by the director within two weeks of this ceremony. The total cost of the weekend is \$175 which includes room and board. Financial assistance is available.

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|----------------------|-----------------|
| Office Only: | |
| Check # _____ | Amount \$ _____ |
| Cash Amount \$ _____ | |
| Initials: _____ | |