

Christ the Good Shepherd Women's ACTS Retreat

July 12-15, 2018

"Lord, Let us see your kindness and grant us your salvation"

Psalm 85

Registration Information

This Women's ACTS Retreat is scheduled for July 12-15, 2018.

This 3-day, 3-night retreat is presented by parishioners. The retreat's goals are to deepen our relationship with Jesus Christ, renew us spiritually, give new meaning to our prayer life and Sunday Liturgy, and to build lasting friendships with members of your parish and faith community.

The retreat begins Thursday evening at Christ the Good Shepherd and ends Sunday with a family fellowship meal at Christ the Good Shepherd Parish Life Center immediately following the 10:45 am Mass. Round trip transportation will be provided to and from the Circle Lake Retreat Center.

The cost per retreatant is \$225.00. Registration will be on a first come first serve basis, with a waiting list thereafter. In order to reserve your place, a non-refundable deposit of \$50.00 should be submitted with this form with the remaining balance due on or before the check-in for the retreat on July 12. Please make checks payable to Christ the Good Shepherd. Please note that financial difficulties should not prevent anyone from attending the retreat. If you are unable to pay all or part of the fee, confidential financial assistance is available by checking the appropriate line on this registration form.

Complete both the attached Registration Form and the Medical Release and Liability Waiver.

Forms can be mailed or hand-delivered to Christ the Good Shepherd in the attached envelope. We will acknowledge receipt of your application shortly after it is submitted.

Christ the Good Shepherd Catholic Community
Women's ACTS Retreat
18511 Klein Church Road
Spring, TX 77379

Parish Office Hours:
Monday – Friday 9:00am-12:00pm / 1:30pm-9:00pm
Phone: (281) 376-6831

Kathy Kelley, Director
Ashley McCarty, Co-Director

614.432.1341
832.367.9710

kathmkelley@gmail.com
ashkmccarty@gmail.com

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Registration Form

Name: _____ Parish: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Home / Cell / Work (Circle one)

E-Mail Address: _____

Did someone invite you to this retreat? If yes, who? _____

Please check one: Married Single Language: English Spanish Both

Name of Spouse: _____

Phone: _____ Home / Cell / Work (Circle one)

E-Mail Address: _____

Close Family or Friend Contacts

Contact #1: Name: _____ Relationship: _____

Phone: _____ E-Mail Address: _____

Contact #2: Name: _____ Relationship: _____

Phone: _____ E-Mail Address: _____

Contact #3: Name: _____ Relationship: _____

Phone: _____ E-Mail Address: _____

Will you have any special dietary, medical, mobility or personal needs during this weekend that you want us to know about? Yes _____ No _____ If Yes, we will contact you about your needs.

Would sleeping in an upper bunk be a problem for you? Yes _____ No _____

Please check appropriate boxes:

_____ I have included a registration deposit of \$50.00 _____ Cash \$ _____ Check # _____

_____ I have included the retreat fee of \$225.00 _____ Cash \$ _____ Check # _____

_____ I request financial assistance

Make checks payable to: Christ the Good Shepherd

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Medical Release and Liability Waiver

Participant's Name: _____

EMERGENCY CONTACT INFORMATION

Emergency Contact name: _____

Contact's relationship to participant: _____

Phone 1: _____ Home / Cell / Work **(Circle one)**

Phone 2: _____ Home / Cell / Work **(Circle one)**

Emergency Contact E-Mail Address: _____

Other Information:

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

SIGNATURE: _____

DATE SIGNED: _____

Kathy Kelley, Director

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kathmkelley@gmail.com

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