

TEEN A.C.T.S. RETREAT

June 22, 2017 TO June 25, 2017

*"May the Lord direct your hearts to the Love of God
and to the endurance of Christ"*

2 Thessalonians 3:5

REGISTRATION FORM



Student Name: _____ Preferred Tag Name: _____

Address: _____ City: _____ Zip Code: _____

Student Cell #: () _____ Student E-mail: _____

School: _____ Grade: _____ Age: _____ Birth Date: _____

Parish/Church: _____

Shirt Size (Circle one): YL AS AM AL AXL A2XL A3XL

Do you have any special physical, medical, dietary needs? (Please be specific)

Parent/Guardian: _____ Cell #: () _____

Address/Zip (If different) _____

Parent E-mail: _____

Cost of Retreat: \$75.00 Please **make checks payable to: Holy Family Youth Ministry** (To reserve a space, complete application with parent waiver and medical consent form must be turned in with payment plan 1 or 2)

The Retreat Location: Well Spring Retreat Center 3505 Horton Preiss Rd. Blanco, TX 78606

Departure: Holy Family Catholic Church 152 Florencia Ave. SA, TX 78228—6:45PM

Return Mass: Holy Family Catholic Church 152 Florencia Ave. SA, TX 78228—12PM

Contact Persons: HF Youth Minister Audrie Martinez 210-589-4393

**Office
Use
Only**

Payment Plan 1: Paid In Full: Ck# _____ Cash: _____

Payment Plan 2: \$25.00 Deposit Ck# _____ Cash: _____

 \$50.00 Due at Departure: Ck# _____ Cash: _____