

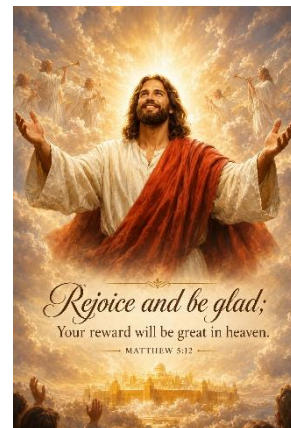


REGISTRATION FORM

St. Brigid Men's ACTS Retreat

October 29 - November 1, 2026

"Rejoice and be glad, for your reward will be great in heaven" Matthew 5:12



RETREAT ATTENDEE INFO

First Name	Last Name	Preferred
Street Address	City	State
	Zip	E-Mail Address
Home Phone	Work	Cell

OVER 21 YEARS OLD? (Y/N) _____ EVER ATTENDED AN ACTS RETREAT? (Y/N) _____

Are you a Parishioner of this Parish? (Y/N) _____

If "NO", what parish or church do you attend: _____ Religion: _____

If someone invited you, who: _____

Please check if any specific needs: ☐ Dietary ☐ Allergies ☐ Medical ☐ Physical ☐ Financial Assistance
Please explain: _____

PLEASE NOTE THAT THERE IS NO ALCOHOL ALLOWED ON THE ACTS RETREAT

Emergency Contact: _____ Relationship: _____

Phone: _____ E-Mail Address: _____

The cost of the retreat is \$225. To guarantee your reservation, please remit a deposit fee of \$100 to St. Brigid Catholic Church and the remainder of the balance by 10-23-26. Please note that priority is given to parishioners of St. Brigid Catholic Church. PLEASE RETURN THIS COMPLETED FORM WITH PAYMENT TO THE ADDRESS BELOW: St. Brigid Catholic Church 6907 Kitchner St. San Antonio, TX 78240	FOR OFFICE USE ONLY: Scholarship amount requested: _____ Approved by: _____ Signature _____
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If you have questions about the ACTS Retreat or Registration please contact **Josh Rey** at **210-885-3205**.

I understand that ACTS Missions will collect all retreatants information for quality 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 and support future ACTS Retreats. I understand that ACTS Missions will NOT release my personal information to outside agencies. here to **OPT-OUT** of ACTS Missions follow up initiatives: _____

Retreatant Signature _____ Date _____ Shirt Size _____