

St. Elizabeth of Hungary Catholic Church

Teen A.C.T.S

Retreat August 2nd-5th, 2018

We would like to invite you to join us for an extraordinary weekend. The Retreat will begin Thursday, August 2nd, 2018 with check-in at the Church and ending Sunday August 5th with a meal of fellowship in the parish hall following the 11:30 am mass. Roundtrip transportation is provided along with lodging, meals, and snacks. Check in time is TBD. The retreat will be held at Eagles Wings Retreat Center, Burnet, TX. Please make sure a parent/legal guardian is present at check-in.

The goals of the retreat are to allow an opportunity for each teen to focus on their faith and its application during their daily lives, to build purpose in their prayer life, to increase their presence at the liturgy, and to cultivate friendship among our young church.

Cost for each retreatant is \$185. A deposit of \$50 must be submitted with this form to reserve your place on the retreat. The balance is due at the Thursday check-in before the retreat begins. PLEASE NOTE: Payments can be made. If you need further information or have any questions, please contact Annette Jones, Facilitator of Teen ACTS.

For more information or questions contact Teen ACTS Facilitator:

Annette Jones
(512)775-1398
nettyb@swbell.net

Please fill out this form and return with registration fee to:
St. Elizabeth of Hungry Catholic Church, 1520 N. Railroad Ave. Pflugerville, TX 78660
Please make checks payable to St. Elizabeth with "Teen ACTS" in the memo.

REGISTRATION FORM

Teen's Name		Name as you want it to appear on your name tag/luggage tag	
ADDRESS		CITY/STATE/ZIP	
DATE OF BIRTH (MM/DD/YYYY)	PRIMARY PARENT PHONE (WORK/CELL/HOME)	TEEN'S PHONE (WORK/CELL/HOME)	
PARENTS EMAIL		TEEN'S EMAIL (Parent will always be copied on emails)	
ALLERGY, DIETARY, MEDICAL NEEDS	SHIRT SIZE (circle) S M L XL 1X 2X	IS ST. ELIZABETH YOUR PARISH? Y/N	
Incoming Grade (Circle) Sophomore/ Junior/ Senior/ 2018 Grad	Gender M/F	Received First Holy Communion? Y/N	

Name two family members or close friends you would like to have praying for you during your Retreat.

NAME	RELATIONSHIP	PHONE	EMAIL

OFFICE USE ONLY:			
RECEIPT# _____	AMT PAID \$ _____	Balance \$ _____	CASH/CHECK # _____
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