



Cuero Deanery Men's ACTS Retreat
Hosted by St. Michael's, Cuero, TX
 November 30th thru December 3rd, 2017
 EL SHADDAI RETREAT CENTER -
 YORKTOWN, TEXAS

INVITATION

You are cordially invited to join us on an ACTS retreat for men (age 21 and older) to be held at the El Shaddai Retreat Center, Yorktown Texas. The retreat begins at 6:00 p.m. on Thursday, November 30, 2017, and concludes after the 10:00 a.m. Mass and reception on Sunday, December 3, 2017. We are hoping for a weekend that will provide an opportunity for you to put everyday worries and workload aside and concentrate on your spiritual needs. It will also give you the opportunity to learn more about yourself and your faith journey. Although the retreat is sponsored by the Catholic Church, all men are welcome. The retreat is presented by lay men like yourself; men who are committed to the idea that we can make our faith more a part of our daily lives. The retreat's message is Christ, true God and true man, His saving work carried out in His incarnation, death, and resurrection. Please be mindful of this if you are signing up for the retreat personally or signing a loved one up. We would love for you to come and join us for a weekend of spiritual reflection and renewal. We are confident that you will find the results richly rewarding.

The cost per person for the retreat facility is **\$165.00**, which covers all meals and lodging. Please make your check payable to "St. Michael's Catholic Church" memo: (Men's ACTS retreat). If possible, please send your registration fee with the application. Please do not let financial hardship prevent you from attending the retreat. Please contact the retreat director Ricky Thornton to discuss payment arrangements.

You will receive a letter with detailed instructions approximately two weeks prior to the retreat. Transportation to and from the retreat center will be provided. For more information, contact one of the directors listed below.

Ricky Thornton
 Director
 (281) 924-9903

Johnny Varela
 Co-Director
 (361) 275-4353

Kurt Lassman
 Co-Director
 (361) 550-6712

"Be watchful! Be alert! You do not know when the time will come"

REGISTRATION FORM

Name (as you want it to appear on your name tag) _____ DOB _____

E-mail address _____

Address & City _____ ZIP _____

Home Phone _____ Work Phone _____ Cell Phone _____

To which Parish or Church do you belong? _____

Have you attended an ACTS Retreat before? (if yes, where and when): _____

Emergency Contact Person _____ Relationship _____

Emergency Contact Address _____

Emergency Contact Phone Number(s) _____

Allergies _____ Would you be able to sleep on a top bunk? _____

SPECIAL DIETARY NEEDS OR OTHER SPECIAL NEEDS _____

Detach the registration form and mail it to: 302 E. Church, Cuero, TX 77954 The form can also be dropped off at the St. Michael's Rectory in Cuero, TX or given to any team member.

DIOCESE OF VICTORIA IN TEXAS

MEDICAL RELEASE and PERMISSION FORM

Name _____ Gender: M or F Age: _____

Address _____ City _____

St/Zip _____ Phone () _____

Birthdate _____ Parish/City _____

I will be participating in ACTS retreat activities, sponsored by the Diocese of Victoria in Texas, from November 30, 2017 through December 3, 2017. I agree to defend, indemnify and hold harmless the Diocese of Victoria, its' clergy, officers, agents, employees and volunteers from any claims, costs or expenses for property damages, personal injuries or other damages arising out of my participation in the above mentioned activity. In case of an emergency, I grant permission and authorization for a designated representative of the Diocese of Victoria to consent to emergency medical treatment, and if necessary, to arrange for transportation via ambulance to an emergency room.

I hereby give permission to be photographed or videoed. I realize that the photo maybe published in the newspaper, a magazine, or other publication. The video may be used for educational purposes or informational purposes regarding programs or curriculum. **ACTS retreats are private, video and pictures will not be taken during the retreat.**

Signature _____ Date _____

Family Physician _____ Phone () _____

Address _____ City/Zip _____

Hospital Preference _____

1. Are you allergic to any type of medication? If so, please indicate: _____

Describe reaction? _____

2. Are you presently taking any prescription medication over an extended period of time? _____

Name of medication: _____ What is it for? _____

3. Do you have any allergies? _____ If so, what are they? _____

4. Last immunization/booster for Diphtheria/Tetanus: _____

Name of Insurance Company _____ Phone () _____

Address _____ City/Zip _____

Name of Insured _____ Policy or Group Plan # _____

_____ I do not have insurance.

In an emergency, please contact:

Name _____ Work Phone () _____ Home Phone () _____

Name _____ Work Phone () _____ Home Phone () _____

Name _____ Work Phone () _____ Home Phone () _____