

Redeemed

**Registration Form
Teen ACTS Retreat
(PLEASE PRINT)**

Teen's Name: _____

Name you would like on name tag: _____

Date of Birth: _____

Male

Female

High School Attending: _____

Grade Entering in Fall: _____

T-shirt Size _____

Teen's Email _____

Teen's Phone _____

Address _____

City/State/Zip _____

Have you attended an ACTS Retreat before? YES / NO

If so, with what Parish & in what year? _____

In case of emergency, please call (2 contacts required!)

Name _____ **Relationship** _____

Email _____

Home Phone _____ **Alternate Phone** _____

Name _____ **Relationship** _____

Email _____

Home Phone _____ **Alternate Phone** _____

Will you have any specific dietary or medical needs during the weekend?

There will be a moderate amount of walking and stair climbing.

Are you registered at St. Stans? YES / NO

If not, which parish? _____

Office Use Only

Paid by: _____ **Check #** _____ **Cash** _____

Date paid: _____