

"Arise and do not be afraid"  
Matthew 17:7

**Our Lady of Guadalupe Catholic Church**  
**Teen's ACTS Retreat**  
August 3<sup>rd</sup> - August 6<sup>th</sup> 2017

We would like to invite you to join us for the 2017 O.L.G. Teen's ACTS Retreat. The Retreat will begin August 3rd, 2017, Thursday evening, at 5:00 pm. with Check-In at Our Lady of Guadalupe parish hall, and will be held at the Cursillo Center in Jarrell, Texas.

The cost of the retreat is \$135.00, which covers the accommodations and all meals for the weekend. **To reserve your place, a \$35.00 deposit must be submitted with this Registration Form.** This will be applied to your total balance. **The remaining \$100.00 is due, at or before Thursday night send-off.** If you need further information or have any questions, please contact one of the Directors listed below.

**Cancellation Policy:** The retreat fee is refundable if the participant cancels at least two weeks prior to send-off. Fee is non-refundable if canceled after the two-week cut-off date. Special Circumstances will be considered on a case-by-case basis. All decisions by CORE or the office are final.

For more information, please contact the Directors listed below:

Micaela Perez-Piedra, Director  
512-221-3516  
[micaelaperezpiedra@gmail.com](mailto:micaelaperezpiedra@gmail.com)

Joseph Piedra, Co-Director  
(512) 351-1287  
[josephpiedra@gmail.com](mailto:josephpiedra@gmail.com)

Please fill out the bottom part of this form and return with registration fee to:  
Our Lady of Guadalupe Catholic Church, 1206 E. 9th Street, Austin, TX, 78702  
Please make checks payable to: Our Lady of Guadalupe Catholic Church, ATTN: Teen ACTS Retreat NOTE: all checks received will be cashed immediately.

**REGISTRATION FORM**

Name \_\_\_\_\_ Name as you want it to appear on your nametag \_\_\_\_\_ T-shirt Size \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Date of Birth \_\_\_\_\_ e-mail Address \_\_\_\_\_ Parish/Church \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Relationship \_\_\_\_\_ Address/Phone \_\_\_\_\_

Have you attended a Teen ACTS Retreat before: Where/When? \_\_\_\_\_ What grade will you be attending in the coming school year? \_\_\_\_\_

List any special dietary needs, allergies, medical, mobility or other needs for the retreat weekend? \_\_\_\_\_

**Name two family members or close friends you would like to have praying for you during this Retreat:**

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_ e-mail Address \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_ e-mail Address \_\_\_\_\_

Office Use Only:  
Receipt# \_\_\_\_\_ Amt Pd.\$ \_\_\_\_\_ Cash/Check# \_\_\_\_\_  
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