



ACTS RETREAT APPLICATION FORM



Name _____
 Address _____
 City / Town _____
 State _____
 Zip Code _____

Date of Application _____
 Date of ACTS Retreat _____
 Date of Birth _____
 Telephone _____
 E-Mail _____

Notify in case of emergency/number: _____

1. Religious Background: Catholic – Yes No
 Home Parish _____
 Parish Involvement _____

2. Material Status: Single Married Widowed Separated Divorced
 Name of Spouse _____
 Phone Number/email address: _____

3. Health: Do you have a medical condition? _____
 Please list any allergies you may have. _____

 Please list any medications you may be taking _____

4. Why do you wish to attend an ACTS Retreat? _____

5. Are bunk beds are problem for you? Yes _____ No _____

Applications MUST be received no later than two weeks prior to the start of the retreat weekend.

Please mail this application, along with a \$25.00 deposit (which is non-refundable) to:

CHRISTIAN LIFE CENTER
P.O. BOX 530
FRENCHVILLE, MAINE 04745
Phone 543-6193

Are you in need of financial assistance? Yes ___ No ___ Scholarships are available for those who wish to attend and need financial assistance.