



To guarantee your reservation, please return this completed form and remit deposit of \$100.00 or if you wish, the full payment of \$310.00. If paying by check, please make it out to 'Saint John the Evangelist Parish' (write 'Women's ACTS Retreat 2024' on the memo line) and mail to: St. John the Evangelist Parish, C/O ACTS Retreat, 115 Middlesex Street, North Chelmsford, MA 01863. If you feel you will need financial assistance or will need to pay in installments, please explain in the section above and make sure to place a check mark in the 'Financial Assistance' line.

If you have any questions about this ACTS retreat or registration form please contact:
 Director, Chris Wagner at 978-376-0674 or email chriswagner0703+ACTS@gmail.com.

****THERE IS NO ALCOHOL AND/OR RECREATIONAL DRUGS ALLOWED ON THE ACTS RETREAT****

**Please Note: Your amazing weekend with God will begin Thursday evening.
 Further details to follow.**

I understand that ACTS Missions will collect all retreatant's information for quality purposes and testimonials. I also understand that ACTS Missions may contact me after this ACTS Retreat to get feedback on my experience and see if I would like to participate and support future ACTS Retreats. I understand that ACTS Missions will not release my personal information to outside agencies.

Retreatant Signature _____

Date: _____



THE HOLY ROAD
 COLLABORATIVE