



ACTS MEN'S RETREAT REGISTRATION FORM

ST JUDE CATHOLIC CHURCH
April 23rd thru 26th 2026

For internal use only – Date/Time received _____

FORM MUST BE FILLED OUT IN ENTIRETY

Are you a Member of St. Jude Parish? _____ If not, what is the name of the church that you attend? _____

What is the name of the St. Jude Parishioner that invited you to the Retreat? _____

Name _____

Name as you want it to appear on your Name Tag _____

Address _____

City _____

ST _____

ZIP _____

Home Phone _____

Work Phone _____

Cell Phone _____

Email Address _____

Date of birth _____

Spouse/Closest Family member to contact in case of emergency _____

Home Phone _____

Work Phone _____

Family member / Friend/Neighbor in case of emergency _____

Home Phone _____

Work Phone _____

Do you have any specific dietary needs or restrictions? _____ If so, please explain _____

Are you on medication to be taken at specific times? _____ If so, please explain and list medicine and times needed _____

Do you have any health problem or physical impairment that may affect your involvement during the Retreat? _____

If so, please explain _____

_____ I have included my deposit of \$75.00 _____ I have included the entire fee of \$200.00

Indicate your T-shirt Size _____

Hold Harmless Agreement

To the fullest extent permitted by law, as a retreatant and/or participant of the St Jude ACTS retreat weekend, I release and agree to defend, pay on behalf of, indemnify and hold harmless the Diocese of Shreveport and St Jude Catholic Church (collectively, the "Sponsor"), it's elected and appointed officials, it's agents, employees and volunteers and others working on behalf of the Sponsor against any and all Claims, demands, suits, or loss, including attorney's fees and all cost connected therewith, and for any damages which may be asserted, claimed or recovered against or from the Sponsor, it's elected and appointed officials, it's agent employees, volunteers, or others working on behalf of the Sponsor, by reason of personal injury, including bodily injury or death and/or property damages, including loss of use thereof, suffered by retreatant and/ or participant.

Signature _____

Date _____

MEN'S ACTS

Registration Form

APRIL 23-26, 2026

LIMITED SPACE – REGISTER EARLY

THIS FORM MUST BE FILLED OUT IN IT'S ENTIRETY AND MAILED TO THE FOLLOWING ADDRESS IN ORDER TO INSURE REGISTRATION

St Jude ACTS 4700 Palmetto Road Benton, LA 71006

St Jude ACTS retreat weekend is hosted by lay members of St Jude Catholic Church and other local parishes/churches who have themselves attended an ACTS retreat. The goal of the retreat is to deepen your relationship with Jesus Christ, to receive spiritual renewal, give new meaning to Sunday liturgy and your prayer life, and to build lasting relationships with other members of our St. Jude Community.

The retreat will be held at Camp Bethany in Bethany, LA. Round trip transportation is provided. Please meet at 5:30 pm for sendoff at St. Jude Parish on Thursday, April 23rd, 2026. The retreat will end on Sunday, April 26, 2026 following the 11:00 am mass. After mass, there will be a welcome back reception in the John & Rose Miciotto Parish Center.

The cost of the retreat is \$200.00 (room and board). Your deposit of \$75.00 must be submitted with this form in order to reserve your place. The remaining \$125.00 is due Thursday at send off. Please make your check payable to St. Jude Catholic Church. If a retreat date becomes full, your deposit will be returned to you so you may register for a future retreat.

*Please note: Financial difficulties should not prevent anyone from attending the retreat. If you are unable to pay all, or part of the fee, financial arrangements can be made by notifying **Bill Campbell @ (901)-487-1469**.*

Note: Due to Diocesan Policy, all applicants must be over 18 years of age at the time of the retreat.

NO ALCOHOL is permitted on any ACTS retreat activities or on premises at Camp Bethany.

For Faster Processing SCAN QR Code

