

**WOMEN'S ACTS RETREAT OCTOBER 12-15, 2017**  
**REGISTRATION AND INFORMATION FORM**

*"I have the strength for everything through Him who empowers me"*  
*Phil 4:13*

NAME: \_\_\_\_\_ BIRTHDAY MONTH / YEAR: \_\_\_\_\_

NAME/NICKNAME YOU WANT ON YOUR NAMETAG: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_ WORK PHONE \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

EMERGENCY CONTACT PERSON # 1: \_\_\_\_\_ PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

EMERGENCY CONTACT PERSON #2: \_\_\_\_\_ PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

ALLERGIES: \_\_\_\_\_

SPECIAL DIET: \_\_\_\_\_

ANY OTHER DIETARY, MEDICAL OR OTHER NEEDS FOR THE WEEKEND: \_\_\_\_\_

PARISH: \_\_\_\_\_