

Our Lady of Good Counsel

Kingsville, TX. 78363



Women's A.C.T.S. Retreat Application

Registration Fee \$110

\$50.00 deposit requested at time of registration

Please Print

Last Name: First Name:

Address: Name on Tag:

City State Zip

Home Phone Work Phone Cell Phone

E-mail How do you prefer to receive correspondence? Mail E-mail D.O.B

DATE: JUNE 21-24

T-Shirt **S M L XL 2X L** Other: (Standard adult sizes)
(Circle one)

Parish Employer Occupation

Marital status: Married Single Divorced Widowed Number of children

Name of Spouse:

#1 In case of emergency, please notify: Relationship:

Home Phone Work Phone Cell Phone:

#2 In case of emergency, please notify: Relationship:

Home Phone Work Phone Cell Phone:

Do you have health issues requiring a special diet? (We will alert caterer of your specific health needs.) Yes No

Do you have health issues, disability, or required medications that would affect your participation during the retreat? Yes No

If "Yes" to either question above, please explain;

Signature _____

Date _____

Please return this form to the Parish Office. If you have any questions please contact Parish Office at 361-592-3489