



Our Lady of the Assumption

Men's ACTS Retreat Registration Form

May 14-17, 2026

"Father, the hour has come...I am coming to You"

John 17:1-11a



First Name _____

Last Name _____

Preferred NAME _____

Street Address _____

City _____

State _____

Zip _____

E-Mail Address _____

Home Phone _____

Cell _____

T-SHIRT SIZE

AT LEAST 21 YEARS OLD? (Y/N) _____

EVER ATTENDED AN ACTS RETREAT? (Y/N) _____

Are you a Parishioner of this Parish? (Y/N) _____

If "NO", what parish or church do you attend: _____ **Religion:** _____

Please check if any specific needs: Dietary Medical Physical Financial Assistance

Please explain:

PLEASE NOTE THAT THERE IS NO ALCOHOL ALLOWED ON THE ACTS RETREAT

Emergency Contact: _____ Relationship: _____

Primary Cell Phone: _____ E-Mail Address: _____

<p>To guarantee your reservation, please remit payment for the retreat deposit fee amount of <u>\$100</u> to <u>OLOA</u>. Full payment of <u>\$185</u> is due by <u>5-1-26</u> Please note that priority is given to parishioners of <u>OLOA</u>.</p> <p>PLEASE RETURN THIS COMPLETED FORM WITH PAYMENT TO THE ADDRESS BELOW:</p> <p>Our Lady of the Assumption 2414 S Main St Ingleside, TX 78362</p>	<p>FOR OFFICE USE ONLY: Scholarship amount requested: Approved by: <hr/>Signature</p>
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If you have questions about the ACTS Retreat or Registration please call or text,
Ed Polasek (361) 537-3250 **Roel Trevino (361) 232-3554** **Steven Polasek (361)-385-0282**

I understand that ACTS Missions will collect all retreatants 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.

Initial here to **OPT-OUT** of ACTS Missions follow up initiatives: _____

TEAM/ Retreatant Signature

Date