Archbishop Shaw High School
Westbank ACTS Retreats

Men's Westbank ACTS Retreat 2027
Registration Form

Date: July 15-18, 2027
Location: TBD
Fee: $400

Contact Details

Full Name: *(Required)*

First: _____

Last: _____

Email: (Required)

_____

Phone: (Required)

(_____)_____

Date of Birth: *(Required)* ____/____/_____
(mm/dd/yyyy)

Dietary/Medical Needs? Please explain:

_____

_____

Emergency Info *(Required)*

Name:_____

Relation:_____

Phone Number: (_____)_____

Contact 2

Name:_____

Relation:_____

Phone Number: (_____)_____

Church Parish: (Required)

_____

Disclosures & Consent

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.

OPT-OUT of ACTS Missions follow-up initiatives? (Required)

☐ Yes ☐ No

1000 Salesian Lane
Marrero, Louisiana 70072

(504) 340-6727

ducote6@archbishopshaw.us

Payment Details

Financial Assistance Needed? (Required)

☐ Yes ☐ No

Billing Address: (Required)

Street Address: _____

Address Line 2: _____

City: _____ State: _____ ZIP Code: _____

Registration Fee Options: (Required)

☐ Full Payment: **$400** per retreatant ☐ Partial Payment: **$100** now, remainder due by July 1, 2027

If you agree to complete your payment in-person, please inform us. Otherwise, an electronic invoice from Stripe, our online payment processor, will be issued to the email address you provide on file.

Signature: (Required)

_____

Date:

_____/_____/_____

For Office Use Only:

Payment Received: $_____ Date: _____/_____/_____

Payment Method: □ Cash □ Check #_____ □ Credit Card

Partial Payments: □ Electronic Invoice □ In-Person

Balance Due: $_____ Due Date: _____

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