



Men's Westbank ACTS Retreat 2026 Registration Form

Date: April 30-May 6, 2025

Location: Our Lady of Hope Retreat Center, Osyka, MS

Fee: \$375

Contact Details

Full Name: (Required)

First: _____

Last: _____

Email: (Required)

Phone: (Required)

(_____) _____

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

Dietary/Medical Needs? Please explain:

Church Parish: (Required)

Financial Assistance Needed? (Required)

☐ Yes ☐ No

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



Payment Details

Billing Address: (Required)

Street Address: _____

Address Line 2: _____

City: _____ State: _____ ZIP Code: _____

Registration Fee Options: (Required)☐ Full Payment: **\$375** per retreatant☐ Partial Payment: **\$100** now, remainder due by April 24, 2026**Total Amount Due:** \$ _____**Signature:** (Required)

Date:

_____/_____/_____

For Office Use Only:

Payment Received: \$ _____ Date: _____

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

Balance Due: \$ _____ Due Date: _____

Notes: _____

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