



Women's Westbank ACTS Retreat 2027 Registration Form

Date: June 24-27, 2027
Location: Lumen Christi Retreat Center – 100 Lumen Christi Ct., Schriever, LA
Fee: \$400

Contact Details Full Name: <i>(Required)</i> First: _____ Last: _____ Email: <i>(Required)</i> _____ Phone: <i>(Required)</i> (_____) _____ Date of Birth: <i>(Required)</i> ____/____/____ (mm/dd/yyyy) Dietary/Medical Needs? Please explain: _____ _____	Emergency Info <i>(Required)</i> Name: _____ Relation: _____ Phone Number: (_____) _____ Contact 2 Name: _____ Relation: _____ Phone Number: (_____) _____ Church Parish: <i>(Required)</i> _____
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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) Your retreat captain will contact you. Partial payment is still required.

☐ Yes ☐ No

Billing Address: (Required)

Street Address: _____

Address Line 2: _____

City: _____ State: _____ ZIP Code: _____

Registration Fee Options: (Required)

☐ Full Payment: **\$400** ☐ Partial Payment: **\$100** now, remainder due by June 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.

☐ Retreatant ☐ Team Member ☐ Clergy

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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