

## MEDICAL INFORMATION

*Please read and list conditions that apply. All information provided will be kept confidential.*

I hereby warrant that to the best of my knowledge, I am in good health and I assume responsibility for my health.

I am allergic to: \_\_\_\_\_

I am currently taking the following medications:

\_\_\_\_\_  
\_\_\_\_\_

- I **will bring all** such medications and concise directions for consumption, including the dosage(s) and frequency of consumption.
- In the event of an emergency, I give permission and will accept transportation to a hospital for emergency medical treatment. I wish to be advised prior to any treatment.

Hospital: \_\_\_\_\_

Physician: \_\_\_\_\_

Phone: \_\_\_\_\_

**In the event of an emergency, please contact:**

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

A.C.T.S. Missions is organized to spread the Gospel of Jesus Christ among Catholic communities by promoting, consulting in, facilitating and sponsoring A.C.T.S. retreats



If you have any questions, please feel free to contact any of the retreat directors.

Directors: Lawrence Medina  
210-254-5788

Xavier Mendiola  
210-693-2974

Jimmy Saldivar  
210-602-9202



**St. Paul Men's ACTS  
Cordi Marian Retreat Center  
April 12 – 15, 2012**

*You are invited to attend the  
St. Paul Men's A.C.T.S. Retreat  
April 12 – 15, 2012*

A men's A.C.T.S. retreat weekend is a four day, three night Catholic lay retreat presented by lay Catholic men of the parish with spiritual direction provided. The weekend begins on Thursday evening April 12, with check-in at 5:30 p.m. at St. Paul Catholic Church. We will return to St. Paul on Sunday, April 15 for the 12:00 p.m. mass with a reception to follow. Transportation to and from the retreat location will be provided.

**MESSAGE OF A.C.T.S.**

A.C.T.S. is an acronym for **Adoration, Community, Theology, and Service**. The retreat's goal is to strengthen our faith and its application in our daily lives, to renew ourselves spiritually, to build lasting friendships, and to return to our parishes with a desire to become more involved in the parish faith community.

**PURPOSE**

The purpose of a men's A.C.T.S. weekend is to provide an opportunity for participants to develop a deeper relationship with the Lord and fellow parishioners through **Adoration**, and daily prayers, **Community** in one's parish as a member of the Body of Christ; **Theology** and the teachings of our Catholic faith by encouraging more study, and to instill the virtue of **Service** to our Lord, our parish, our community, and each other.

**COST**

The cost of the retreat is \$160.00 for the entire weekend. A non-refundable registration fee of \$40.00 (cash/check) should be turned in with the registration form. Check should be made payable to "St. Paul ACTS." A payment plan is available. The remaining balance is due in full no later than April 12,2012.

Financial concerns should not prevent anyone from attending the retreat. If you have any financial concerns, arrangements can be made by contacting a retreat director.

Registration is on a first-come first-serve basis. While parishioners take precedence; we also welcome non-members of St. Paul as well as non-Catholics.

As the retreat gets closer, you will be sent a retreat information welcome letter that contains important information and packing suggestions.

**REGISTRATION FORM**

*(please print clearly)*

I have included my deposit fee of \$40.00 [  ]

I have included my full payment of \$160.00 [  ]

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Parish: \_\_\_\_\_

T-Shirt Size: \_\_\_\_\_

Do you have any special needs (diet, food, handicapped access, etc.)?  
\_\_\_\_\_  
\_\_\_\_\_

Married [  ] Single [  ]

(please provide contact info)

Spouses Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_