

OLPS TEEN A.C.T.S. RETREAT
Registration Form
May 25-28, 2017
Acadian Baptist Center in Eunice, LA
Incomplete Registration Forms Will Be Returned By Mail

A.C.T.S. is an acronym for **A**doration, **C**ommunity, **T**heology and **S**ervice. The goals of a **Teen A.C.T.S.** retreat are to strengthen their faith, live their faith, renew spiritually and build strong lasting friendships. Catholic teens present the **Teen A.C.T.S.** weekend retreat with the support of a Spiritual Director and lay adults.

Registration for the Teen A.C.T.S. retreat will begin April 24th and end at noon on May 12th. Eligible teens will be those classified as sophomores as of September 2016 through seniors. Retreatants will be randomly selected from those who have registered by the end date. **Space limited to 30 Retreatants** (target is 15 boys and 15 girls). Retreatants will be contacted after the selection process. If you are on the waiting list, you will be contacted as soon as possible if a space becomes available. Retreatants will receive a letter a few weeks prior to the retreat with details regarding the retreat weekend.

The retreat will begin on Thursday evening, May 25th, with check-in at **4:00 pm at OLPS in Sulphur**. We will return to OLPS on Sunday May 28th for a 11:00 AM Mass. Transportation to and from the retreat center will be provided. The full cost of the retreat is **\$240.00** and must be received with your registration form to the mailing address or location below no later than noon on **May 12th**.

Financial difficulties should not prevent anyone from attending the retreat. If you have financial concerns, confidential arrangements can be made by contacting one of the adult directors listed below.

If you need more information or have questions, please contact **Carrie Cabbage** at the number below.

Carrie Cabbage (Adult Director) 337-515-6099

Parry LaLande (Adult Co-Director)

Kallie Gatte
Teen Director

Kyla Baudoin
Teen Co-Director

Name _____ DOB _____ Entering **Grade as of September 2016** ___ M ___ F ___

Address _____ City _____ Zip _____

Home Phone _____ Student's Cell _____ Email _____

Father's Name _____ Father's Cell _____ Email _____

Mother's Name _____ Mother's Cell _____ Email _____

Church Parish _____ High School _____ T-shirt size _____

Including singing, what musical instrument do you play? _____

Will you have any dietary or medical needs during the weekend? (Explain, use back if necessary)

Required: Teen Signature _____

**Please mail or deliver your registration form along with your \$240.00 fee made out to
 OLPS ACTS by noon on May 12, 2017 to:**

By Mail	By Email
T.A.C.T.S. 1323 Pamela St Sulphur, LA 70663	Carrie Cabbage Cecnos1979@yahoo.com