

**ACTS Missions TEEN Director Workshop Registration Form**

**Workshop Date:** Saturday September 6

**Registration Deadline** for this workshop: August 25

**Registration by mail only (one per form)**

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

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

**City:** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip Code** \_\_\_\_\_

**E-mail Address:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Parish Name:** \_\_\_\_\_

**Month/Year you were a retreatant on your ACTS retreat:** \_\_\_\_\_

**Reason For Attending/Role:**

- \_\_\_ Director            \_\_\_ Co-Director            \_\_\_ Spiritual Director
- \_\_\_ Team Member    \_\_\_ Core Member            \_\_\_ Just want to learn more

**Registration fee of \$25 per person includes workshop, lunch and Director's Manual**

**Select Method of Payment:**

<i>Check</i>	<i>Visa</i>	<i>Master Card</i>	<i>American Express</i>	<i>Discover</i>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

For credit card payments, please complete the following:

Credit Card #: \_\_\_\_\_

Expiration date: \_\_\_\_\_

Your Name as it appears on the card: \_\_\_\_\_

Mailing address where you receive the bill for this card: \_\_\_\_\_

**Please make checks payable to ACTS Missions**

**Mail this registration form with payment to:  
ACTS Missions—Attn: Karen Conrow  
c/o Oblate School of Theology  
285 Oblate Dr.  
San Antonio TX 78216**

**REGISTRATION CONFIRMATION:** *When we receive your registration form and payment we will send your confirmation via e-mail.*

**REFUNDS:** *must be requested prior to the event. There is a \$5.00 processing fee for all refunds*