



Teen ACTS Retreat
August 15th - 18th, 2019
St. John/St. Thomas (Peabody) & St. William (Tewksbury)

*Many shall look on in awe
and trust in the LORD. Psalm 40:4*

ACTS is an acronym for Adoration, Community, Theology, and Service. The goals of an ACTS retreat are to strengthen our faith and its application in our daily lives, to discover or renew ourselves spiritually, and to build lasting friendships. Teens present the retreat with spiritual direction from the clergy and help from lay adults. This is a Catholic retreat but all Christian teens entering the 10th grade through graduating 12th grade are welcome to attend. If you do not meet the grade requirements, you still may be eligible by contacting the director below. The retreat begins Thursday evening August 15 with check-in from **6:15 - 6:45 PM** at St. John's Church, in Peabody, MA. Transportation will be provided to St. Thecla's Retreat Center located in Billerica, MA. We will return to St. John's Church on Sunday, August 18th for the 10:00 AM Mass. A welcome home reception will follow. The total cost of the retreat is **\$230** and includes lodging, food, and many activities. A deposit of \$50 made payable to "St. John/ St. Thomas ACTS" must accompany this form to reserve your place. The remaining balance of \$180 will be due at the Thursday evening check-in. **Please Note:** Financial difficulties should not prevent anyone from attending the retreat. If you have concerns, please contact the director below. Approximately 7-10 days prior to the Retreat, you will receive a letter describing the necessities you should bring with you. Please call any of the contacts listed below if you need further information or have any questions. We greatly look forward to having you with us!

Please send your completed registration form and deposit to:
St. John's Church -- Teen ACTS Retreat
Attn: Jessica Keefe
17 Chestnut Street
Peabody, MA 01960

Questions and inquiries please contact:

Jessica Keefe Adult Director 978-835-7882	Elizabeth Quigley Adult Director 617-947-4435	Ed Mendonca Adult Co-Director 978-390-5380
<u>Jessica: Youthministry@peabodycatholic.org</u>	<u>Elizabeth: stwilliams.youth@gmail.com</u>	
Liv Nygren Teen Director 978-880-8282	Anastasia Wood Teen Co-Director 978-500-6286	Deigo Montiero Teen Co-Director 978-770-5902

Please return this section with your deposit for the Teen ACTS Retreat.

Name: _____ M-F _____
Name as you want it on name tag: _____
Address: _____
City: _____ State: _____ Zip: _____
Date of Birth: _____
Home Phone: _____ Cell Phone: _____
Email: _____
Parish: _____ City: _____ State: _____
Emergency Contact: _____ Relationship: _____ Phone: _____

*If you are under 18 years of age, a parent or guardian must fill out the permission form attached to this application.



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TEEN'S NAME _____ AGE: _____ BIRTH DATE: _____

ADDRESS: _____ CITY _____ STATE _____ ZIP _____

ALLERGY/SPECIAL DIETARY NEEDS: _____ MEDICATIONS: _____

PARENT/GUARDIAN NAME: _____ ADDRESS: _____

HOME TELEPHONE: _____ CELL PHONE: _____

EMAIL ADDRESS: _____

I, _____, grant permission for my child, _____ to participate in this parish youth ministry event that requires transportation to a location away from the parish site. This activity will take place under the guidance and direction of the Youth Ministers and parish volunteers from St. John/St. Thomas, Peabody & St. William's Tewksbury Catholic Churches.

In case of an accident, we (I) authorize an adult, in whose care the minor has been entrusted, to consent to any x-ray examination, anesthetic, medical, surgical, or dental diagnosis or treatment, and hospital care, to be rendered to the minor under the general or special supervision and on the advice of any physician or dentist licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or said hospital.

I (we) will be liable and agree to pay all costs and expenses incurred in connection with such medical and dental services rendered to our (my) child pursuant to this authorization.

PARENT(S)/LEGAL GUARDIAN NAME: _____

(Print Name)

(Signature)

DATE: _____