

# Teen ACTS Retreat

July 26-29, 2018

St. William (Tewksbury) & St. John/St. Thomas (Peabody)

*"One Body and One Spirit,... One Lord"* **Ephesians 4:4-5**

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 July 26 with check-in from 6:15 - 6:45 PM at St. William's Church, in Tewksbury, MA. Transportation will be provided to and from St. Williams Church and the Espousal Retreat Center. We will return to St. William's Church on Sunday, July 29 for the 11:30 AM Mass. A welcome home reception will follow. Transportation will be provided by the POTHE Chaperone, Joann Segovia.

The total cost of the retreat is \$230 and includes lodging, food, and many activities. A deposit of \$50 made payable to POTHE must accompany this form to reserve your place. The remaining balance of \$180 will be paid by the POTHE Youth Ministry. **Please Note:** Financial difficulties should not prevent anyone from attending the retreat.

Approximately 7-10 days prior to the Retreat, you will receive a letter describing the necessities you should bring with you. We greatly look forward to having you with us! If you have questions or concerns, please contact Joann Segovia at 207-553-7159.

Please send your completed registration and permission forms along with your deposit to: Teen ACTS Retreat, POTHE Parish Office, 266 Foreside Rd, Falmouth 04105

Listed Below are the adults who will be directing the retreat:

Glenn Coppinger  
Adult Director  
603-548-9642  
glenncop@  
comcast.com

Danise Mendonca  
Adult Co-Director  
978-390-5382

Carly Downing  
Teen Director  
978-604-7452

Mary Kate Goodwin  
Teen Co-Director  
978-806-6242

Josh Mendonca  
Teen Co-Director  
978-908-0127

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

Name: \_\_\_\_\_ Male or Female (Please circle)

Name as you want it on name tag: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Parent Email: \_\_\_\_\_

Parish: **Parish of the Holy Eucharist** City: **Falmouth** State: **ME**

Parent (Emergency) Name: \_\_\_\_\_ Phone: \_\_\_\_\_

\*If you are under 18 years of age, a parent or guardian must fill out the permission form and return with this registration sheet.

# **Teen ACTS Retreat**

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## **Permission Form**

**St. William (Tewksbury) & St. John/St. Thomas (Peabody)**

**TEEN'S NAME:** \_\_\_\_\_ **AGE:** \_\_\_\_ **BIRTHDATE:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_ **City/State/Zip** \_\_\_\_\_

**ALLERGY/SPECIAL DIETARY NEEDS:**

**MEDICATIONS:**

**PARENT/GUARDIAN NAME:**

**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 parish volunteers from St. William's Tewksbury and St. John/St. Thomas, Peabody 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:** \_\_\_\_\_

\*If you are under 18 years of age, a parent or guardian must fill out the permission form and return with this registration sheet.