

Holy Rosary Men's ACTS Retreat

October 26-29, 2017

*" You shall love the Lord your God, with all of your heart,
With all of your soul, and with all of you mind.*

This is the greatest and the first commandment. "

Matthew 22:37-38

Director: David Zapalac 979-249-7203
Co-Directors: Kevin Bayer 512-748-2510
Willie Janecka 979-743-9229

You are invited to join us to spend a weekend with God attending an ACTS Retreat. This is an opportunity for spiritual renewal and making new friends. Its aim is to enhance our relationship with Our Lord and with other Christian men who accompany us on this journey of faith. This retreat is hosted by Catholic men, with spiritual guidance from the Roman Catholic Faith. This experience will take place at Cathedral Oaks Retreat Center south of Weimar, Texas.

This retreat begins with Send-Off on Thursday evening, October 26th, at 5:30 pm in LaGrange, Texas, at the Sacred Heart Parish Center (transportation provided to and from the retreat) and ends with the Return Mass on Sunday, October 29th, at 9:00 AM at Sacred Heart Catholic Church in La Grange, Texas. You will be contacted with more information when registration is complete.

Please return this registration form, along with a \$25.00 deposit to reserve your place. The cost of the retreat is \$150. The remaining \$125.00 will be due Thursday when you check in for the retreat. **Make checks payable to Holy Rosary ACTS.** (No one will be turned down due to financial difficulties. If you need financial assistance, please contact one of the directors to make arrangements.)

**Please mail registrations to David Zapalac, 808 Zapalac Rd., La Grange, Texas 78945,
for more ACTS info go to www.holyrosaryacts.com**

REGISTRATION FORM

Name _____ Birthday (month/day/year) _____

Name as you want it to appear on your nametag _____

Address _____ City, State, Zip _____

Home Phone _____ Work _____ Cell _____

E-mail Address _____ Parish Membership _____

Emergency contacts:

#1 Name _____ Relationship _____

Address _____ City, State, Zip _____

Phone _____ Work _____ Cell _____

#2 Name _____ Relationship _____

Address _____ City, State, Zip _____

Phone _____ Work _____ Cell _____

Check Special Medical Conditions: _____ High Blood Pressure _____ Seizures _____ Diabetes _____ Special Diet Needs _____ Mobility _____

_____ Other Special Medical Conditions (explain on back)

Sleeping arrangements may include utilizing a top bunk. Would you be able to sleep in a top bunk? ____ Yes ____ No

T-shirt size (circle one) S M L XL XXL XXXL

Have you attended an ACTS Retreat before? _____

Have you ever previously applied to attend an ACTS Retreat? _____ Has your spouse attended an ACTS Retreat? _____

Thank you, for saying "Yes" to God!