

## Holy Rosary Women's ACTS Retreat August 22-25, 2019

*"I am the way, the truth and the life, says the Lord; no one comes to the Father, except through me."*  
*John 14:6*

Director:	DeeAnn Hooper	979-743-5371
Co-Directors:	Stacy Oeding	979-743-1147
	Irma Rerich	979-820-7263
Spiritual Director:	Fr. Tim Kosler	979-743-3117
Lay Spiritual Companion:	Patricia Burger	281-578-5642

**You are invited to join us as we 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 women who accompany us on this journey of faith. This retreat is hosted by Catholic women, with spiritual guidance from the Roman Catholic Faith. This experience will take place at Cathedral Oaks Retreat Center, south of Weimar.**

This retreat begins with "Send-Off" Thursday evening at **5:30 PM** in Schulenburg at The Family Life Center (transportation provided to and from the retreat) and ends with the "Return Mass" on Sunday at 10:00 AM at St. Rose of Lima Catholic Church in Schulenburg. 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 \$175.00. The remaining \$150.00 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.)

**Registration forms may be given to any director or team member or mailed to:  
DeeAnn Hooper, 3109 Smith Marek Rd., Schulenburg, TX 78956**

### REGISTRATION FORM -- PLEASE PRINT

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

\_\_\_\_\_ 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:  S  M  L  XL  XXL  XXXL

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

**Thank you, for saying "Yes" to God**