

Holy Rosary Women's ACTS Retreat

February 15-18, 2018

*"This is the time of fulfillment the Kingdom of God is at Hand.
Repent, and believe in the Gospel." Mk.1:15*

Director:	Stacy Oeding	979-743-1147
Co-Directors:	DeeAnn Hooper	979-743-5371
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Spiritual Director:	Fr. Robert Guerra	979-234-2842
Lay Spiritual Co-Director:	Mary Ann Wood	

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 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 **6:00PM** in High Hill at God's Embrace Retreat Center (transportation provided to and from the retreat) and ends with the Return Mass on Sunday at 10am at St. Mary, High Hill. 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:
Stacy Oeding, 1035 Eilers Street, 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