

**Holy Rosary Women's ACTS Retreat
September 14-17, 2017**

"Bless the Lord, O my soul; and all my being, bless his holy name." Psalm 103:1

Director:	Donna Kozelsky	361-772-1615
Co-Directors:	Debbie Taylor	979-702-1204
	Catherine Janecka	979-732-0111
Spiritual Dir:	Deacon Chuck Glynn	979-253-9616

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 **5:30 PM** in Weimar at St. Michael's Family Center (transportation provided to and from the retreat) and ends with the Return Mass on Sunday at 10:30 AM at St. Michael Church in Weimar. 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 \$150.00. 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.)

**All registration Forms MUST be MAILED to Donna Kozelsky, 10230 Roy Road, Flatonia, Texas 78941.
Registration forms will not be accepted if they are post-marked before TUESDAY, August 1, 2017.**

REGISTRATION FORM

****Please Print****

Name _____ Birthday(month/day/year) _____

Name as you want it to appear on your nametag _____

Mailing 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? _____