

Holy Rosary Men's ACTS Retreat

March 1 - 4, 2018

'I the Lord, am your God, Love me and keep My Commandments.'

Exodus 20:2,6

Director:	RJ Jauernig 979 637-0309
Co-Directors:	Rob Kleimann 979 733-4368 Nathan Vecera 512 636-3726
Spiritual Director:	Fr. Augustine Asante
Co-Spiritual Director:	Deacon Charlie Novasad

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, March 1st, at 5:30 pm in Columbus, Tx, at St. Anthony's School Cafeteria (transportation provided to and from the retreat) and ends with the Return Mass on Sunday, March 4th, at 10:00 am at St. Anthony Catholic Church in Columbus, 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 \$175. 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.)

Please mail registrations to RJ Jauernig, 1618 Front St, Columbus, Texas 78934

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!