

# 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

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

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](http://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!**