



**Holy Rosary
Women's ACTS Retreat
SEPTEMBER 26-29, 2024**

“Would that the Lord might bestow His spirit on them all.” Numbers 11, Verse 29

Director – Virginia Hromadka (979) 224-6307
 Co-Director – Joan Prihoda (979) 820-6941
 Co-Director - Laura Hromadka (979) 482-3845
 Retreat Pastor - Fr. Chase Goodman (979)725-6714
 Spiritual Liaison – Irma Rerich (979) 820-7263

Registration Form

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 Catholic faith. This experience will take place at the Cathedral Oaks Retreat Center just outside of Weimar, Texas.

This retreat begins with Send-Off on Thursday evening September 26, 2024, at **5:30 pm** at the **St. Michael Family Center, Weimar, Texas (508 N. Center St., Weimar, Texas 78962)**. Transportation is provided to & from the retreat center. The retreat ends with Return Mass on Sunday September 29, 2024, at **10:30 am, at St. Michael Archangel Catholic Church in Weimar, Texas**. You will be contacted with more information when registration is complete.

Please return this form, along with a \$50 deposit to reserve your place. The cost of the retreat is \$175. The remaining \$125 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 assistance, please contact one of the directors to make arrangements.)*

Please mail registrations to Virginia Hromadka, P.O. Box 922, Weimar, Texas 78962.

Name: _____ Birthday: ____/____/____

Address: _____ Cell Phone: _____

Secondary Phone: _____ Email: _____ Parish Membership: _____

List any food/environmental allergies: __

List Medical Conditions: High Blood Pressure Seizures Diabetes CPAP use

Other: _____

Rooms and bathrooms will be shared with other retreatants.

Can you sleep on a top bunk if necessary? _____ T-Shirt Size: _____

Has your family attended an ACTS retreat in the past? __

Emergency Contacts:

Name: _____ Relationship: _____ Address: _____

Cell Phone: _____ Secondary Phone: _____

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Cell Phone: _____ Secondary Phone: _____