

Holy Rosary Women's ACTS Retreat

August 23 – 26, 2018

“As for me and my household, we will serve the LORD.” Joshua 24:15

Director:	Katie Janda	979/249-7251
Co-Directors:	Mandi Cernosek	979/966-9421
	Randi Glueck	361/772-7766
Spiritual Director:	Father Matthew Kinney	frmkinney@gmail.com
Co-Spiritual Director:	Deacon John McCourt	979/966-2272

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 Aug. 23rd at **6:00PM** at the Sts. Peter and Paul Parish Hall in Plum, Texas. The Return Mass will be at Sts. Peter and Paul Catholic Church in Plum on Sunday, Aug. 26th at 10:00 AM. 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:
Katie Janda, 935 FM 155, La Grange, Texas 78945**

REGISTRATION FORM – PLEASE PRINT

Name: _____ Birthdate (month/day/year): _____

Name as you want it to appear on your nametag: _____

Address: _____, City/State/Zip: _____

Home Phone: _____ Work: _____ Cell: _____

Email 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!