



## Holy Rosary Men's ACTS Retreat MAY 15-18, 2025

*"I give you a new commandment;  
love one another.*

*As I have loved you, so you also  
should love one another."*

John 13:34

Director – Andre Muniz (979) 224-6214

Co-Director – Joe Lopez (512) 798-1428

Co-Director – Chad Emmel (979) 732-1399

Spiritual Companion – Kyle Janda (979) 702-0095

Retreat Pastor - Fr. Eddie Winkler

[ewinkler@victoriadiocese.org](mailto:ewinkler@victoriadiocese.org)



### 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 men who accompany us on this journey of faith. This retreat is hosted by Catholic men, 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 May 15, 2025, at **5:30 pm** at **Sts. Peter & Paul Parish Hall**, 126 Plum Church Road, Plum, TX 78952. Transportation is provided to & from the retreat center. The retreat ends with Return Mass on Sunday May 18, 2025, at **11:30am**, also at **Sts. Peter & Paul Catholic Church in Plum**. 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 \$200. The remaining \$150 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 **Andre Muniz – 744 E. Pecan, La Grange, TX 78945.**

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: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Address: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_