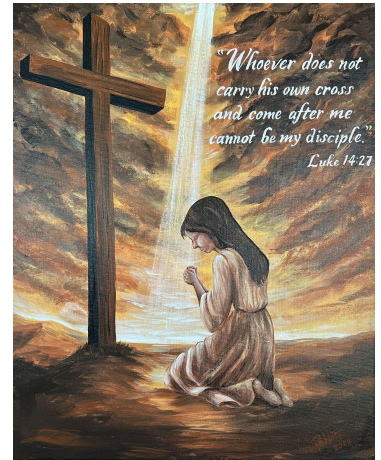




Holy Rosary Women's ACTS Retreat SEPTEMBER 4-7, 2025

*Whoever does not carry his
own cross and come after me
cannot be my disciple.
Luke 14:27*

Director - Gladys Kutac (979) 561-6297
Co-Director - Monica Heine (512) 791-4342
Co-Director - Joanie Krischke (979) 561-7144
Spiritual Companion - Diane Holub (713) 817-4929
Retreat Pastor Fr. Luke Prihoda
FrLuke@StRoseCatholic.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 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 4, 2025 at **5:30 pm** at God's Embrace Ministries conference hall (1601 High Hill Rd, Schulenburg, TX 78956). Transportation is provided to & from the retreat center. The retreat ends with Return Mass on Sunday September 7, 2025 at **10:00 am, at St. Rose Catholic Church in Schulenburg, Texas (1010 Lyons Ave, Schulenburg, TX 78956)**. 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 Gladys Kutac - 5642 Jerome Rd, Schulenburg, TX 78956

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: _____