

ACTS is a Catholic retreat movement presented by parishioners for parishioners with the guidance of religious leaders. The goal of each retreat is to facilitate a deepening of our relationship with Jesus Christ, to renew ourselves spiritually, to give new meaning to our prayer life, and to build lasting friendships with members of our parish communities.

This ACTS retreat will begin on Thursday evening, January 26th and continue through the weekend ending with a 10:00 a.m. Mass on January 29th at Holy Family Catholic Church in Wharton. A luncheon for retreatants and their families will be provided at the Family Life Center after Mass on the 29th. A free will offering of \$6.00 per plate is suggested to help cover the cost of the meal.

The cost of the retreat is \$150.00
Please see note below

Registration applications will be accepted beginning Monday, December 12th, 2011, **BUT NOT BEFORE THAT DATE!** Registration forms can be delivered to any team member, or delivered or mailed to the St. Philip the Apostle Church office. A \$50.00 deposit must be submitted with your registration form – the remaining \$100 will be due at check-in on Thursday, January 26th, or can be paid in full when form is turned in. Please make your checks payable to St. Philip ACTS.

Retreatants will receive a confirmation note of selection after December 28th and will receive a letter 7-10 days prior to the retreat with further details and suggestions on what to bring for the weekend.

***Please note that financial hardship should not prevent anyone from attending the retreat. If you are unable to pay all or part of the fee, contact the Director Glen Jamerson @ (979) 578-1324 to make financial arrangements. Other retreat questions may be directed to retreat Co-Director Gary Charbula @ (979) 637-1433 or Co-Director Michael Hubenak @ (979) 532-1460.

"If today you hear His voice, harden not your hearts"

Psalm 95: 7-8

EL CAMPO DEANERY – MEN'S ACTS RETREAT REGISTRATION

January 26-29, 2012

(Please Print Information Below)

Name: _____ Parish or Religious Affiliation: _____

Address: _____ Zip code: _____

Home Phone: _____ Work phone: _____ Cell phone: _____

E-mail: _____

Emergency contact: _____ Relationship: _____

Home phone: _____ Work phone: _____ Cell phone: _____

Family and/or friend contacts (please provide at least one other contact besides emergency contact above):

Contact #1: _____ Relationship: _____

Home phone: _____ Work phone: _____ Cell phone: _____

Contact #2: _____ Relationship: _____

Home phone: _____ Work phone: _____ Cell phone: _____

Will you have any special dietary or medical needs during the retreat weekend? [] Yes [] No

If yes, please specify needs: _____

Do you have difficulty climbing stairs, walking on unpaved or uneven surfaces; other mobility problems (e.g. use a cane, walker, or wheelchair)? [] Yes [] No (Mobility challenges should NOT deter you from attending!)

If yes, please specify: _____

In order to provide the most accommodating arrangement for all retreatants, please provide your age (This request is voluntary and is intended to help facilitate retreatant needs): _____

Please deliver the registration application to any team member or mail to:

St. Philip the Apostle Church Office
Attn: Men's ACTS Retreat
304 W. Church Street
El Campo, TX 77437
(979) 543-3770