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Holy Trinity Catholic Church



Men's ACTS Retreat Registration Form



"Repent and be Baptized... for the forgiveness of sins, and you will receive the gift of the Holy Spirit"

ACTS 2:38

Date May 4 - May 7, 2017

For More Information, contact:

Bryant Drury 210-289-5694

or

Steve Senia 310-936-0256

You're Invited!

You are invited to attend our Holy Trinity Catholic Church men's ACTS Retreat the weekend **May 4 - 7**. The Retreat will be held at the Cordi Marion in San Antonio.

An ACTS Retreat is a three day; three night Catholic lay retreat coordinated & presented by fellow parishioners. Holy Trinity ACTS retreats are held in special, peaceful and quiet environment.

An ACTS weekend is a chance to relax and focus on your faith journey. Holy Scripture and the teachings of the Catholic Church are the guide for the retreat. Spiritual direction will be available. The Retreat begins at 5:30 pm Thursday afternoon (check-in) and ends with Mass at Holy Trinity Catholic Church at 11:15 a.m. on Sunday. The Mass is followed by a reception for Retreatants, their families and members of the ACTS community. Transportation for Retreatants is provided to and from the retreat center.

What is ACTS ?

ACTS Stands for
ADORATION, COMMUNITY, THEOLOGY and SERVICE

The purpose of an ACTS weekend is to instill in the Retreatant a new or deeper relationship with the Lord and fellow parishioners. The total cost per person is \$175 and the registration requires a \$25 non-refundable deposit, which will be applied towards the total. The balance is due at check-in on Thursday evening at Holy Trinity Catholic Church. This covers all meals, lodging and transportation to and from the retreat center. **Please do not let the cost of the retreat keep you from participating.** If the cost is an issue or if you have any other questions, please contact:

Bryant Drury 210-289-5694
or
Steve Senia 310-936-0256

Registration Form

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Cell Phone: _____

Home Phone: _____

Email: _____

Date of Birth: _____

Holy Trinity registered parishioner? [] Yes [] No

Have you previously attended an ACTS Retreat? [] Yes [] No

Are you married: [] Yes [] No

Shirt Size (please circle one): **S M L XL XXL XXXL**

Emergency Contact

Name: _____

Relationship: _____

Cell Phone: _____

Home Phone: _____

Email: _____

Please identify any special needs we should be aware of, such as dietary, medical, etc.

Please return completed form and a \$25 non-refundable deposit to any ACTS Team Member or the Parish Office. If paying with check, make checks payable to Holy Trinity Catholic Church.