

St. Mark the Evangelist Catholic Church



Women's A.C.T.S. Retreat

"May the eyes of your heart be enlightened...so you may know..."

He is seated at the right hand of the Father." Adapted from Eph 1:18,20

May 13 – 16, 2010

Cordi Marian Retreat Center

San Antonio, TX

Registration Form

St. Mark's presents the May 2010 Women's ACTS Retreat weekend May 13-16, 2010.

The goal of the retreat is to deepen your relationship with Jesus Christ, renew yourself spiritually and give new meaning to prayer life. This Retreat is open to women from all denominations.

The retreat begins Thursday evening May 13, and ends Sunday, May 16 with our return to the 12:00 noon Mass at St. Mark's. After Mass there will be a gathering at the church for light refreshments and fellowship with family and community. Round trip transportation is provided for all retreatants, leaving Thursday evening from St. Mark's Church. The cost for the retreat is \$150.00. Please enclose \$150 or a deposit of \$50.00 with this registration form. The remaining \$100 is due at the Thursday, May 13th check-in.

Make checks payable to: **St. Mark's Women's ACTS.**

Please note: Financial difficulties should not prevent anyone from attending the retreat. If you are unable to pay all or part of the fee, financial arrangements can be made by contacting Donna Scalia at 210-364-9497, Liz Duenas at 659-6673, Kathy Faucher at 496-7221.

Please mail or deliver your registration form and fee to: Women's ACTS Retreat, C/O St. Mark the Evangelist Catholic Church, 1602 Thousand Oaks Dr., San Antonio, TX 78232-2398.

You will receive a letter 10-14 days prior to the retreat that will list the items you should bring with you for the retreat. If you need any additional information regarding this retreat, please contact one of the directors listed above.

Name: _____ Street Address: _____

City, State, Zip code: _____ Cell Phone: _____

Home Phone: _____ Work Phone: _____

Email Address: _____

Please provide contact names for emergencies:

1.Name _____ Hm Phone: _____ Cell/Work: _____ Relationship: _____

2.Name _____ Hm Phone: _____ Cell/Work: _____ Relationship: _____

3.Name _____ Hm Phone: _____ Cell/Work: _____ Relationship: _____

What is the name of the parish or church you attend and where is it located? _____

Please list any medical or dietary needs that you may have during the retreat. _____

T-Shirt Size: _____

Do you have trouble climbing stairs or need any special accommodations? YES _____ NO _____

I have included my registration fee of: \$ _____ Date Received: _____

(To be entered by person receiving the form.)