



“Thy will be done.”

Matthew 6:10

St. Mark the Evangelist Catholic Church

1602 Thousand Oaks, SAT 78232

210-494-1606

WOMEN IN RECOVERY

ACTS RETREAT

Cordi Marian Retreat Center

San Antonio, TX

May 31 – June 3, 2018

You are invited to attend the 11th annual St. Mark’s Women in Recovery ACTS Retreat. The retreat is designed for women in recovery or women affected by a loved one’s addiction. All are welcome! It is an opportunity to enter into a deeper relationship with our Lord and our Community. Holy Scripture and the teachings of the Catholic Church are the guide for the movement. Spiritual direction will be available. The purpose of the ACTS weekend is to invite the retreatants into a new or deeper relationship with the Lord and with other faithful women through **Adoration** and daily prayer; **Community** awareness as a member of the Body of Christ; **Theology** encouraging more study of our faith and God’s word; and promoting the virtue of **Service** to our Lord and one another. Though this is a Catholic faith-based retreat, all denominations are welcome! The weekend begins Thursday evening and ends with Mass at St. Mark the Evangelist Catholic Church at 12:00 noon on Sunday. Mass is followed by a reception for retreatants and their families and members of the ACTS community. Transportation is provided to and from the retreat center.

The cost is \$165, which includes a \$50 deposit. The balance is due upon arrival Thursday evening at St. Mark’s before departure. This will cover all meals, lodging and transportation. ***Please make checks payable to ACTS-WIR and mail to Judy Wesack at 402 Cherry Ridge, San Antonio, TX 78213 or email applications to jwesack@satx.rr.com.***

DO NOT LET THE COST OF THE RETREAT KEEP YOU FROM PARTICIPATING!

If the fee makes attending prohibitive, or if you have any questions about the retreat, please contact us:

Suzanne Boggess (Director) 210.269.0517 or

Co-Directors: Linda Cortez 210.602.9116, Donna Tiller 210.410.2805 or Judy Wesack 210.378.6572

Name: _____

Phone: (h) _____ (c) _____ (w) _____

Address: _____ zip _____

E-mail: _____

Sobriety Date _____ Date of Birth _____

Are You a Member of St. Marks: _____ if not, what Church do you attend? _____

T-Shirt Size: _____

Do have any special needs (physical, medical, dietary, etc.)? Please be sure to fill out and return the attached medical form with your registration even if you have no special needs. _____

EMERGENCY CONTACT:

Name: _____ Relationship: _____

Email: _____

Cell: _____ Home: _____ Work: _____

FRIEND/SPONSOR NOT ATTENDING THE RETREAT (NOT A RELATIVE):

Name: _____

Email: _____

Cell: _____ Home: _____ Work: _____

Your name will be included on a prayer list prior to the retreat.

Amount Enclosed: _____ Date Received: _____

				YES NO
				YES NO
				YES NO