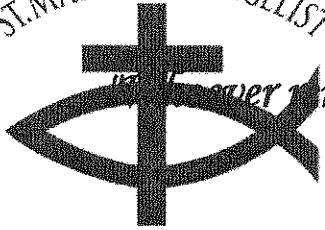


ST. MARK THE EVANGELIST



A.C.T.S.

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

April 26th - 29th 2018

"I can never remain in me, and I in him will bear much fruit, because without me you can do nothing." John 15:5

You are invited to attend this Women's ACTS Retreat to deepen your relationship with Jesus Christ, to renew yourself spiritually, and to experience the St. Mark Community fellowship. This Retreat is open to women from all denominations.

The retreat begins **Thursday evening April 26th** and ends **Sunday, April 29th** with our return to the 12:00 noon Mass at St. Marks. Round trip transportation is provided for all retreatants, leaving Thursday evening from St. Mark's Church.

The cost for the retreat is \$190. Please enclose \$190 or a deposit of \$50.00 with this registration form. The remaining \$140 is due at the Thursday, April 26th at 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:

Director
Delizia Cappellini Gallivan
Phone 210-781-9444

Co Director
Liz Kall-Perry
Phone 210-845-7639

Co-Director
Cheryl Stocker
Phone 210-872-1008

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: _____ Address: _____
Home # _____ Cell # _____ Work # _____
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.)