



Men's ACTS - Recovery Retreat

June 7 – 10, 2018

St. Mark the Evangelist
Catholic Church

**“With the Lord there is mercy and
fullness of redemption.”**

Psalm 130

St. Mark's presents the 2018 Men's ACTS/R retreat weekend June 7-10, 2018 in Kerrville, Texas. 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 focuses on men who have been affected directly or indirectly by addictions.

The retreat begins Thursday evening, June 7, and ends Sunday, June 10 following the 12:00 PM Mass at St. Marks. After Mass there will be a gathering at the church for light refreshments and fellowship. Round trip transportation is provided for all retreatants, leaving on Thursday evening from St. Mark's Church. Attendees from the Kerrville area will meet at Notre Dame Catholic Church in Kerrville. The cost for the retreat is \$180.00. Please enclose \$180 or a deposit of \$80 with this application. The remaining \$100 is due at the Thursday check-in. Make checks payable to St.Mark's.

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 Craig Long at 573-703-5303, Don Griffith at 210-313-0404, or Noe Gonzalez at 210-392-8031.

Please mail or deliver your registration form and fee to: Men's ACTS/R Retreat c/o St. Mark the Evangelist Catholic Church, 1602 Thousand Oaks Drive, San Antonio, TX 78232-2398

You will receive a letter 10 to 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 the retreat, please contact one of the directors listed above.

Name _____ Street Address _____

City/State/Zip Code _____

Home Phone _____ Work Phone _____

Cell Phone _____ E-mail Address _____

Please provide contact names: (Family and/or friends)

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? _____

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

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