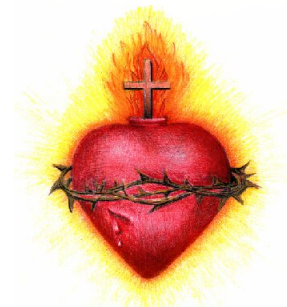




St Mark the Evangelist Catholic Church

Men's ACTS Retreat

June 6th - 9th, 2019



John 20:21-22 "Peace be with you! As the Father has sent me, I am sending you." And with that he breathed on them and said, "Receive the Holy Spirit."

You are invited to attend this Men'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 men from all denominations.

The retreat begins **Thursday evening, June 6th** and ends **Sunday, June 9th** 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 \$180. Please enclose \$180 or a deposit of \$50.00 with this registration form. The remaining \$135 is due at the Thursday, June 6th at check-in. Make checks payable to: **St. Mark's Men's ACTS.**

Please note: Financial difficulties should not prevent anyone from attending the retreat. Scholarships are available only for St. Mark's parishioners. A minimum of \$50 deposit is required for Scholarships. Scholarship Forms are available by contacting:

Director
Stuart Beullieu
210-383-3768

Co-Director
David Solis
210-833-4674

Co-Director
Mike Pattillo
210-386-6699

Please mail or deliver your registration form and fee to: **Men'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.)