



*"Prepare the way of the
Lord, make straight his
paths."*

Luke 3:4

ST. ANN CATHOLIC CHURCH WOMEN'S A.C.T.S. RETREAT REGISTRATION FORM

DECEMBER 5 – 8, 2019

YOU ARE INVITED...

**For a weekend of spiritual renewal based on
Adoration, Community, Theology and Service
(A.C.T.S.) .**

**This weekend will be an opportunity to get away
from your daily routine, to relax and spend
some time with other women just like you.**

Only 30 openings available so act NOW!

WHEN/WHERE: December 5th – 8th, 2019 at St. Anthony De Padua Retreat Center in San Antonio. The weekend begins Thursday, Dec. 5th at 5:30pm with check-in/send off at St. Ann Catholic Church in La Vernia. We will depart at 6:00 pm and return Sunday, Dec. 8th for 9:00 am mass at St. Ann Catholic Church.

COST: The total cost of the weekend is \$190.00. To register, submit this form along with a non-refundable registration fee of \$75. The balance will be due upon check-in on Dec. 5th. If you have any financial concerns or to discuss financial arrangements, please contact Kristina Scheel at 210-818-8977 or Lara Herrera at 816-752-0927.

CONTACT: You will be contacted by a team member with details of the weekend and a letter will be sent to you prior to the retreat confirming your attendance. Do not hesitate to contact any member of the leadership team below if you have further questions or concerns.

LEADERSHIP TEAM: Director: Kristina Scheel 210-818-8977 / Co-Directors: Lara Herrera 816-752-0927 and Dina Gorzell 210-422-7260 / Spiritual Companions: Gerry Kvapil 210-219-7555 and Trudy Herrera 210-422-9119

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MAKE CHECKS PAYABLE TO: St. Ann ACTS

MAIL REGISTRATION TO: Kristina Scheel 128 Country Gardens, La Vernia, TX 78121

OR

DROP OFF REGISTRATION AT: St. Ann Catholic Church, 14151 U.S. 87, La Vernia, TX 78121

***NOTE:** You must submit completed, signed registration form including deposit with each retreatant in advance to guarantee your spot!

LAST NAME: _____ FIRST NAME: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

EMAIL: _____ PHONE: _____ DOB: _____

Allergies/Dietary/Medical Needs: _____ Circle T-Shirt Size: S M L XL XXL

Family/Friend also attending this retreat: _____ Church you attend: _____

Catholic: Yes No (circle one)

EMERGENCY CONTACT: _____ PHONE: _____

WAIVER AND RELEASE AGREEMENT (registration form not valid unless signed and dated below): I grant full permission to any and all of the foregoing to use my name, or photographs, videotapes, or other recordings of my participation on this retreat, without obligation or liability to me. I also understand that my deposit fee is nonrefundable. I have read this agreement carefully, and understand it, and certify my agreement by my signature below.

SIGNATURE: _____ **DATE:** _____