

YOUR INVITATION

2017 St. Francis of Assisi Men's ACTS Retreat

*"Repent, for the kingdom of heaven is at hand."
- Matthew 4:17*

We invite you to join us for an extraordinary weekend of spiritual renewal and brotherhood. This experience will take place January 19–22, 2017 at Omega Retreat Center in Boerne, Texas.

This retreat will provide you the opportunity to focus on your faith and its application to your daily lives. You will build purpose in your prayer life, to increase your presence at the liturgy and cultivate friendship among members of our church community.

The retreat begins Thursday evening, January 19th, with check-in at St. Francis of Assisi at 5:00 pm. It ends Sunday, January 22nd, with a meal of fellowship in Henke Hall following the 11:15 am return mass.

* Round trip transportation to and from the Omega Retreat Center will be provided.

* Cost for each retreatant is \$200. A deposit of \$75 must be submitted with this form in order to reserve your spot. The balance is due at the Thursday check-in before the retreat begins.

* PLEASE NOTE: Financial difficulties should not prevent anyone from attending the Retreat. If you are unable to pay any part of the fee or need further information contact Richard Bellacosa at 210. 854. 2107 or rbellacosa@yahoo.com or contact Randy Heinz at 210. 325. 5757 or randyheinz57@gmail.com.

Approximately 7-10 days prior to the Retreat, you will receive a letter describing the necessities, which you will need for the Retreat. Please call if you have any questions or need additional information. Please detach and return the bottom portion to the address below and make check payable to (St. Francis of Assisi, subject line: Men's ACTS Retreat).

Please send or deliver your registration form and fee to:

St. Francis of Assisi 4201 De Zavala Road
San Antonio, TX 78249

REGISTRATION AND INFORMATION FORM ST. FRANCIS OF ASSISI MEN'S ACTS RETREAT: January 19–22, 2017

Name _____ Birthday (MM/DD) _____

Name as you want it to appear on your name tag _____

Address _____ City / State / Zip _____

Primary Phone: _____ work/cell/home _____ Secondary Phone: _____ work/cell/home

Email Address _____

Emergency Contact Information

Primary Contact

Name _____ Relationship _____

Primary Phone: _____ work/cell/home _____ Secondary Phone: _____ work/cell/home

Secondary Contact

Name _____ Relationship _____

Primary Phone: _____ work/cell/home _____ Secondary Phone: _____ work/cell/home

Additional Information

Allergies _____ Special Diet _____

Any mobility (e.g. wheelchair, cane, scooter), dietary, medical or other needs? _____

Have you ever attended a retreat as a retreatant? Yes No _____ Where/When _____

Have you ever attended a retreat as a team member? Yes No _____ Where/When _____