## "Turn to the LORD for Mercy" Isaiah 55:7

## HOLY SPIRIT MEN'S ACTS RETREAT

## September 21-24, 2017 – Pallottine Renewal Center

REGISTRATION FORM

Catholic laymen present the ACTS weekend retreat. The retreat's goals are to allow an opportunity for men to focus on their faith and its application in their daily lives, to grow in their prayer life, to increase their presence at the Celebration of the Eucharist and to cultivate friendship among members of the church community.

The retreat begins Thursday evening, September 21st, with check-in at Holy Spirit Annex and concludes Sunday, September 24th with the 11:00 AM Mass at Holy Spirit Church. Round-trip transportation to and from the retreat center will be provided for all retreatants.

Cost for each retreatant is \$250.00. A registration fee of \$50.00 should be submitted with this form in order to reserve your place. The remaining \$200.00 is due at the Thursday evening check-in.

PLEASE NOTE: Financial difficulties should not prevent anyone from attending the retreat. If you are unable to pay all or part of the fee, or need further information regarding the retreat, please contact:

| Ramon Sarmiento                       | Dave Hass                                | Matt DeWitt  |
|---------------------------------------|--|--|
| (314) 374-2818                        | (314) 303-2074                           | (314) 541-7400   |
| ,                                     | one of the above if you have any ques    | describing the necessities you will stions or need additional information. |
| Please detach and return wi           | th your registration fee. Make checks pa | ayable to: Holy Spirit Parish  |
| Name:                                 | E-mail:                                  |  |
| Address:                              |  |  |
|                                       |  | _ Zip:   |
| Home Phone: ( )                       | Mobile Phone: (                          | )  |
| I would like my name tag to read: _   |  |  |
| If you have any specific dietary need |  |  |
| If you have any specific physical nee |  |  |
| I am a member of                      |  | Parish.  |
| In case of an emergency contact:      |  |  |
|                                       | Call Dhana. ( )                          |  |

Please send or deliver your registration form and deposit to: Holy Spirit Parish, Attn: ACTS Retreats 3130 Parkwood Lane, Maryland Heights, MO 63043