

Registration Form

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HOLY SPIRIT PARISH MEN'S ACTS RETREAT

September 19 - 22, 2019
Pallottine Retreat Center

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 19, with check-in at Holy Spirit Annex and ends Sunday, September 22 with the 11 AM Mass at Holy Spirit Church. Round trip transportation to and from the retreat center will be provided for all retreatants with check-in on Thursday evening at Holy Spirit Annex at 6:00 p.m.

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

Paul Farrar, Director
314-606-3341

Roger Chik, Co-Director
314-348-0014

Bill Gould, Co-Director
314-753-3796

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 anyone of the above if you have any questions or need additional information. Please detach and return the portion below with \$50 registration fee. Make check payable to Holy Spirit Parish, 3130 Parkwood Lane, Maryland Heights, MO 63043

Please detach and return with \$50.00 registration fee payable to Holy Spirit Parish,
3130 Parkwood Lane, Maryland Heights, MO 63043

Name _____

Address _____

City _____ State _____ Zip _____

Home Phone () _____ Work Phone () _____

Cell Phone () _____ e-mail _____

I would like my name tag to read _____

If you have any specific dietary needs, please specify: _____

If you have any specific physical needs, please specify: (e.g. elevator, stairs, walking distances or allergic conditions such as scents, smoke, etc.) _____

I am a member of _____ parish.

In case of emergency contact _____ Relationship _____

Home Phone () _____ Work Phone () _____

Cell Phone () _____ E-mail _____

2nd emergency contact _____ Phone () _____