

WE ARE CALLED TO HOLINESS!

February 20-23, 2020 Holy Spirit Women's ACTS Retreat At Pallotine Renewal Center

Holy Spirit Parish will be accepting registrations for the 2020 ACTS weekend retreat for women. This parish-based retreat offers the opportunity to renew your spirituality and prayer life, to strengthen your faith and its application in your daily life, and to build lasting friendships among members of the parish community. It is presented by Catholic Laywomen of the parish.

The retreat begins Thursday evening, February 20th, with a 6:00 p.m. check-in at the Holy Spirit Annex, 3111 Parkwood Lane, Maryland Heights, Mo. 63043 and ends Sunday, February 23rd with the 11:00 a.m. 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 must 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:

Jean Martin
(314) 210-7743

Debbie Dufaux
(314) 398-5448

Sue Hercules
(314) 780-6866

Roughly 7 days prior to the retreat, you will receive a letter describing what to bring with you on the retreat. Please call any of the above names if you have questions or need additional information. Return the registration form and deposit to the address below and make check payable to Holy Spirit Parish by February 14, 2020.

Please detach and return with registration fee to the parish office at 3130 Parkwood Lane, Maryland Heights, Mo. 63043

Name: _____

Emergency Contact Information

Address: _____

Name: _____

City: _____ State: _____

Relationship: _____

Zip: _____

Home Phone: _____

Email: _____

Work Phone: _____

Home Phone: _____

Cell Phone: _____

Cell Phone: _____

2nd Emergency Contact

I would like my name tag to read:

Name: _____

Relationship: _____

If you have any specific dietary needs, please specify:

Home Phone: _____

Work Phone: _____

Cell Phone: _____

If you have any specific physical needs, please specify: (No stairs, elevator, or allergic conditions such as scents, mold, or has respiratory condition, etc.) _____

I am a member of _____ Parish.