*“Come To The Table”*

Holy Spirit Parish Men’s ACTS retreat

June 7-10, 2018, Pallottine Retreat 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, June 7th, with check-in at Holy Spirit Annex and ends Sunday, June 10th, 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 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:

Larry Sasfai Mike Schnable Matt Sicking

Cell: 314-308-3159 Cell: 314-581-8657 Cell: 314-452-6777

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 to the address below and make check payable to Holy Spirit Parish.

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Please detach and return with registration fee

**Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_e-mail\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ZiP\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Home Phone ( )\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Work Phone ( )\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Cell Phone ( )\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**I would like my nametag 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.)**

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**I am a member of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Parish**

**In case of emergencycontact\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Relationship\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Home Phone (\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Work Phone(\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Cell Phone (\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_e-mail\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**2ndemergencycontact\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone(\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please send or deliver your registration form and deposit**

**Holy Spirit Parish Attn. ACTS Retreats 3130 Parkwood Lane Maryland Heights, MO 63043**