



St. Elizabeth Catholic Church Men's A.C.T.S Retreat

February 21-24, 2019

Adoration • Community • Theology • Service

“Love One Another.” - John 13:34

The men's ACTS Retreat is a weekend retreat presented by Lay Catholic Men. The goal of the retreat is to provide an opportunity for men to focus on their faith, its application in their daily lives, to build purpose in their prayer life, and to cultivate friendship and fellowship among members of the community.

The retreat will begin Thursday evening, February 21, 2019 at 5:30 p.m. with Check-In at St. Elizabeth Catholic Church. Transportation will be provided to and from Eagles Wings Retreat Center. The weekend will conclude with a “Welcome Home” Mass at 11:30 a.m. at St. Elizabeth on February 24, 2019. Family and friends are invited to attend Mass at the church and to a reception after Mass in the Parish Hall.

The cost of the retreat is \$160.00 which covers the accommodations and all meals for the week-end (3 nights & 7 meals). To reserve your place, \$60.00 must be submitted with this registration form. The remaining \$100.00 is due no later than Thursday, February 21, 2019 at Check-In. The retreat is limited to 30 men; please register early.

PLEASE NOTE: Do not let financial difficulties prevent you from attending. Financial assistance is available.

Please contact one of the men below for assistance, or with any questions:

Richard Montgomery, Director
rcmdigphoto@gmail.com
512-844-8471

Chris Molinar, Co-Director
molinarcj@gmail.com
512-626-7288

George Hatten, Co-Director
georgemhatten@gmail.com
512-542-4637

Please fill out the bottom part of this form and return with registration fee. Please make checks payable to: St. Elizabeth Church - Men's ACTS

Men's A.C.T.S Retreat - REGISTRATION FORM

Name (First/Last)		Name as you want it to appear on name tag	
Address	City	State	Zip
Home phone	Work phone	Cell phone	
E-mail address	Date of Birth	Religion/Church	
Emergency Contact	Relationship	(Best) phone # / Alternate phone	

Please list any special dietary needs, allergies, medical, mobility, or other special needs for the retreat week-end.

Name two family members or close friends you would like praying for you during this retreat.

Name	Relationship	Phone	E-mail
Name	Relationship	Phone	E-mail

<i>Office Use Only</i>			
Date: _____	Time: _____	Name of Registrar: _____	
Amount paid: _____ [cash _____ / check# _____] Installments (Amt. & date): _____ / _____			