

ST. PIUS X WOMEN'S ACTS RETREAT

**“Beloved, let us love one another, because love is of God”
1 John 4:7**

We would like to invite you to join us for an extraordinary weekend. This experience will take place from May 3-6, 2018 at the St. Anthony Retreat Center.

An ACTS weekend retreat is an opportunity for women to focus on faith and its application to their daily lives, build purpose in their prayer lives, increase their presence at Mass, and cultivate friendships among members of our parish community. It is hosted by former ACTS retreatants and a spiritual director.

The Retreat begins Thursday evening, May 3, with check-in at St. Pius X Parish at 5:30 PM and ends Sunday, May 6 with a meal of fellowship in the St. Pius X Parish Center following the 10:15 AM Return Mass. Round trip transportation to and from the Retreat Center will be provided for all retreatants. The cost for each retreatant is \$175.00. This includes all food and lodging for the retreat. A deposit of \$50.00 must be submitted with this form in order to reserve your place on the retreat. The balance is due at the Thursday check-in before the retreat begins. Please note: Financial difficulties should not prevent anyone from attending the retreat.

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 if you have any questions or need additional information: Mary Micklitz (Director) 210-275-5505, Stephanie Kristek (Co-director) 210-452-6682, Jackie Lopez (Co-Director) 210-885-6021 and Kathy Ornes (Spiritual Director) 210-391-8489 .

Please return the completed registration form to:

St. Pius X Catholic Church
Attn: St. Pius X Women's ACTS
3303 Urban Crest Drive
San Antonio, TX 78209-3199

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Name (print): _____ Email address: _____

Name as you want it on your nametag: _____ Birth month & day: _____

Address: _____ City/State/Zip _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Emergency contact: _____ Relationship: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

2nd Emergency contact: _____ Relationship: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Allergies, dietary, or other medical needs: _____