

"Prepare the way of the Lord, make straight His paths."

Mark 1:3

**Pointe Coupee Women's ACTS Retreat
December 3-6, 2026
Maryhill Renewal Center**



We would like to invite you to join us for a weekend at Maryhill Renewal Center in Pineville, LA. It will be an opportunity for spiritual renewal in the Catholic faith and great fellowship beginning Thursday evening and concluding with Mass at 11:00 AM Sunday, December 6, 2026 at St. Francis Cabrini Catholic Church, 3523 LA-78, Livonia, LA 70755. For information about the retreat, please contact: Penny Leonards @ 225-718-5976 or leonardspenny@gmail.com For information regarding registration, please contact: Derek Laviolette @ 337-781-3499 or derek.laviolette81@outlook.com

APPLICATION, REGISTRATION, AND INFORMATION FORM

NAME		EMAIL ADDRESS					
ADDRESS		CITY	ZIP CODE				
CELL PHONE	DATE OF BIRTH	<table border="1"><tr><td>YES</td><td>NO</td></tr><tr><td colspan="2">ARE YOU CATHOLIC?</td></tr></table>		YES	NO	ARE YOU CATHOLIC?	
YES	NO						
ARE YOU CATHOLIC?							

Circle the Church Parish where you are registered. If not registered or not even Catholic, you are still very welcome to attend. You can put the Church you attend in the below spot or just leave blank.

Immaculate Conception Lakeland, LA	St. Ann/St. Vincent Morganza/Innis, LA	St. Augustine New Roads, LA	St. Mary of False River New Roads, LA
---------------------------------------	---	--------------------------------	--

TriParish
Immaculate Heart of Mary
Maringouin, LA

TriParish
St. Frances Xavier Cabrini
Livonia, LA

TriParish
St. Joseph
Grosse Tete, LA

Other Church and City

HAS YOUR SPOUSE ATTENDED AN ACTS RETREAT?	HOW MANY TIMES HAVE YOU APPLIED FOR AN ACTS OF POINTE COUPEE RETREAT?	FIRST TIME	SECOND TIME
YES NO		THIRD TIME	OVER 3 TIMES

T-SHIRT SIZE: _____ IF NOT WITH POINTE COUPEE ACTS, WHEN & WHERE? _____

SPOUSE'S NAME AND PHONE NUMBER

EMERGENCY CONTACT NAME AND PHONE NUMBER (IF DIFFERENT FROM SPOUSE)

ALLERGIES

SPECIAL NEEDS? (DIETARY, MEDICAL, DISABILITY)

The undersigned do hereby release forever, discharge, & agree to hold the above group/church/school, the Diocese of Baton Rouge, ACTS of Pointe Coupee, St. Ann's Church, St. Mary's of False River, St. Augustine's Catholic Church, Immaculate Conception Catholic Church, St. Frances Cabrini Catholic Church, ACTS International &/or Sponsor or any Hospital or Medical Center used while on trip/event harmless from & against any & all liability, claims, demands, lawsuits & expenses arising from personal injury, sickness, death, or property damage of any nature whatsoever which may be incurred or suffered by the undersigned while attending activities. Furthermore, the undersigned hereby assumes all risk of personal injury, sickness, death, damage & expense arising from the undersigned participation in all activities, including recreation & work activities involved in the above activity. In addition, authorization & permission is hereby given to furnish all necessary transportation, food & lodging for the undersigned. The undersigned further hereby agrees to indemnify & hold the above group/church/school, the Diocese of Baton Rouge, ACTS of Pointe Coupee, St. Ann's Church, St. Mary's of False River, St. Augustine's Catholic Church, Immaculate Conception Catholic Church, St. Frances Cabrini Catholic Church, ACTS International &/or the Sponsor &/or any Hospital or Medical Center used during the event/trip, & their respective members, directors, employees, & agents (collectively, the "Indemnities"), harmless from & against any & all claims, demands, actions, lawsuits & liabilities, including attorney's fees.

ACTS of Pointe Coupee prohibit the use of Drugs and/or alcohol at any time, from the departure to the retreat until the end of the reception. This rule will be enforced by immediate dismissal from the retreat.

APPLICANT SIGNATURE: _____ DATE: _____

The total cost of the weekend is **\$250** which includes meals, room and board. Financial Assistance is available. If you are not selected your deposit check will be shredded. Please return this form along with a **\$50 deposit check (NO CASH)** made payable to **ACTS of Pointe Coupee**. Must include deposit or circle yes for financial assistance below: otherwise, application will not be considered for selection.

Financial assistance needed for retreat? Y or N

Financial assistance needed for deposit? Y or N

Mail To:

ACTS of Pointe Coupee, P. O. Box 259, Oscar, LA 70762

Make sure it arrives by October 16, 2026 before 5 pm.

The prayer service & selection will be at 5:30 pm at St. Francis Cabrini Catholic Church on October 22, 2026 where a roster will be developed. You will be contacted by the Director within two weeks of this ceremony.

Official Use Only:

Check # _____ Amount \$ _____

Cash Amount \$ _____ Initials: _____