

YOUR INVITATION TO A WOMEN'S ACTS RETREAT
Sponsored by Sacred Heart Parish Texarkana
"You are not far from the Kingdom of God"
Mark 12:33

Please join us for an extraordinary weekend! This experience will take place on **November 1-4** at the Lakeview Baptist Assembly in Lone Star, TX. It is an opportunity for spiritual renewal and the making of many new friends.

The goals of the retreat are to allow an opportunity for each person to focus on their faith and its application during their daily lives, to build purpose in their prayer life, to increase their presence at the liturgy, and to cultivate friendship among members of the church community.

The retreat will begin at 5:30 Thursday evening, November 1, with a check-in at Sacred Heart Parish Center and ending Sunday, November 4, with a meal of fellowship in the Parish Center following the 10:30 am return Mass. Round trip transportation is provided to and from the Retreat Center for all retreatants.

The cost for each retreatant is \$175.00. 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. If you are unable to pay part of the fee or need further information regarding the retreat, please contact Lindsey McMillan, 903-244-1246 or Sherry Powers, 903-293-2310.

Approximately 7-10 days prior to the retreat, you will receive a letter describing the necessities which you will need for the weekend. Please call if you have any questions! Please detach the form below and submit to the address below. Checks are made payable to **Sacred Heart ACTS**. We hope to see you at this faith-filled weekend!

You may send or deliver your registration to:

Sacred Heart Parish, 4505 Elizabeth St., Texarkana, TX 75503

REGISTRATION AND INFORMATION FORM
Sacred Heart Women's ACTS Retreat November 1-4, 2018

Name _____ Birthday Month/Day _____

Name as you want it to appear on your name tag _____

Address _____ City/State/Zip _____

Primary phone(work/cell/home) _____ Secondary phone _____

Email address _____

Emergency Contact _____ Relationship _____

Contact's address _____ City/State/Zip _____

Contact's phone(work/cell/home) _____

Allergies _____ Special Dietary Needs _____

Any other special/medical needs for the weekend _____