



# Holy Rosary Women's ACTS Retreat April 30 - May 3



I am the way, the truth  
and the life, says the Lord;  
no one comes to the Father,  
except through me  
John 14:6

Director – Monica Heine (512) 791-4342  
Co-Director – Jean Heger (979) 966-2644  
Co-Director – Ann Galabeas (512) 575-0154  
Spiritual Companion – Mary Riha (979) 541-3310  
Retreat Pastor Fr. Robert Guerra  
warobaar@juno.com

## Registration Form

You are invited to join us to spend a weekend with God attending an ACTS Retreat. This is an opportunity for spiritual renewal and making new friends. Its aim is to enhance our relationship with Our Lord and with other Christian women who accompany us on this journey of faith. This retreat is hosted by Catholic women, with spiritual guidance from the Catholic faith. This experience will take place at the Cathedral Oaks Retreat Center just outside of Weimar, Texas.

This retreat begins with Send-Off on **Thursday evening April 30, 2026 at 5:30 pm at Sacred Heart Catholic Church Parish Hall, 516 South Faires, Flatonia, Texas 78941**. Transportation is provided to & from the retreat center. The retreat ends with Return Mass on **Sunday, May 3, 2026 at 10:00 am, at Sacred Heart Catholic Church, 516 South Faires, Flatonia, Texas 78941**. You will be contacted with more information when registration is complete.

Please return this form, along with a \$50 deposit to reserve your place. The cost of the retreat is \$200. The remaining \$150 will be due on Thursday when you check in for the retreat. Make checks payable to Holy Rosary ACTS. *(No one will be turned down due to financial difficulties. If you need assistance, please contact one of the directors to make arrangements.)*

Deposit Paid \$50     Paid in Full \$200     Partial Payment \_\_\_\_\_

Please mail registrations to Monica Heine – 192 Sandy Road, Rosanky, TX 78953

Name: \_\_\_\_\_ Birthday \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Secondary Phone: \_\_\_\_\_ Email: \_\_\_\_\_ Parish Membership: \_\_\_\_\_

List any food/environmental allergies: \_\_\_\_\_

List Medical Conditions:  High Blood Pressure     Seizures     Diabetes     CPAP use     Other: \_\_\_\_\_

Rooms and bathrooms will be shared with other retreatants.

Can you sleep on a top bunk if necessary? \_\_\_\_\_ T-Shirt Size: \_\_\_\_\_

Has your family attended an ACTS retreat in the past? \_\_\_\_\_

Emergency Contacts:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Address: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Address: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_