"Teach me your ways O Lord"
Psalm 25:4

Holy Rosary Women's ACTS Retreat

January 21-24, 2027

Director: Tracy Theut (979)733-4089
Co-Director: Wanda Fritsch (979)966-2999
Co-Director: Debbie Taylor (979)702-1204
Spiritual Companion: Sharon Muzny (979)966-3607
Retreat Pastor: Father James Dvorak



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 Roman Catholic Faith. This experience will take place at Cathedral Oaks Retreat Center just outside of Weimar, Texas.

This retreat begins with Send-Off on **Thursday evening, January 21, 2027,** at **5:30 pm** at St. Anthony Catholic School Cafeteria, 635 Wallace St, Columbus, Texas. Transportation provided to and from the retreat. The retreats ends with Return Mass on **Sunday, January 24, 2027, at 10am at St. Anthony Catholic Church, 635 Bowie**. You will be contacted with more information when registration is complete.

Please return this registration form, along with a $50 deposit to reserve your place. The cost of the retreat is $225. The remaining $175 will be due 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 financial assistance, please contact one of the directors to make arrangements.) ***PLEASE PRINT***

Please mail payment and registration to: Tracy Theut, PO Box 1101, Columbus, TX, 78934

Name_____ Birthday(mm/dd/year)_____

Address _____ Cell Phone: _____

E-mail Address _____Parish Membership_____

List any food/Environmental allergies:_____

Medical Conditions: ☐High Blood Pressure ☐Seizures ☐Diabetes ☐CPAP Other:_____

Rooms& bathrooms will be shared with other retreatants. Can you sleep in a top bunk? Yes__ No__

Have you previously attended an ACTS retreat? Yes__ No__

Has a family member attended an ACTS retreat? Yes__ No__

T-SHIRT SIZE:_____

Emergency contacts:

Name:_____Relationship:_____ Cell Phone:_____

Address_____ Secondary Phone:_____

Name:_____Relationship:_____ Cell Phone:_____

Address_____ Secondary Phone:_____

☐ **Deposit Paid $50** ☐ **Paid in Full $225** ☐ **Partial Payment_____**