



ACTS Retreat for Women

www.actsct.org

Sponsored by St. Dominic Church – Southington, CT
Presented at Immaculata Retreat Center – Willimantic, CT
June 18 – 21, 2015

Catholic women present an ACTS weekend retreat under guidance of a Catholic Guide. The goals of the retreat are to strengthen your faith and its application in your daily life, to renew yourself spiritually, and to build community through lasting friendships.

The retreat begins Thursday evening, June 18th, with a 5:30 pm check-in at St. Dominic Church at 1050 Flanders Road in Southington, CT. Participants will then be transported to Immaculata Retreat Center for the remainder of the retreat. The retreat will end on Sunday, June 21st, with a 12:00 noon Mass and reception at St. Dominic Church in Southington. Transportation to and from Immaculata will be provided.

The cost of the retreat is \$210. If you cannot pay in full at this time, a deposit of \$100.00, made payable to “St. Dominic Church” and submitted with this form stub will reserve your place. In memo section of check note “June 2015 ACTS retreat”. The remaining balance will be due at the Thursday evening check-in. Cancellation of or failure to honor your reservation may result in a charge of \$25. You will receive a letter within ten days prior to the retreat describing the necessities you should bring. If you have never attended an ACTS retreat and the cost of the retreat is a concern, please call and discuss your concern with one of the directors below. A limited amount of assistance may be available based on your financial situation. In addition, repeat retreatants will be placed on a waiting list to give priority to first time retreatants. For additional information, please contact:

Carol Sirois, Director (860) 621-4657
Bev Montana, Co-Director (860) 621-0575
Cheryl Lucia, Co-Director (860) 621-7478

Please send your completed registration form and payment to:

St. Dominic’s Church, 1050 Flanders Rd, Southington, CT 06489
Attn: Women’s ACTS Retreat / June 2015

PLEASE DETACH AND RETURN THE BOTTOM PORTION TO THE ABOVE ADDRESS.

Please register me for the Women’s ACTS Retreat: June 18 – 21, 2015

Name: _____ Date of Birth: _____

Name for ID badge: _____ First time ACTS retreatant? Y N

Address: _____ Single: _____ Married: _____

City: _____ State: _____ Zip: _____

Home Phone: () _____ Work Phone () _____

E-mail Address: _____ Parish/Church: _____

**In case of emergency, contact: _____ Relationship: _____

**Address: _____ **Home Phone: () _____

**E-mail address _____

**Cell or work phone number of emergency contact person: () _____

Will you have any specific dietary or medical needs during the weekend? _____

**this information MUST be provided

[] I have enclosed my deposit of \$100.00

[] I have enclosed full payment of \$210.00