

YOUR INVITATION TO AN ACTS RETREAT

Sponsored by Corpus Christi Parish

*“Whoever loves Me will keep My Word”
(John 14:23)*

We would like to invite you to join us for an extraordinary weekend. This experience will take place from May 18-21, 2017 at the Miramar Retreat Center in Duxbury, MA. It will be an opportunity for spiritual renewal and the making of many 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 begins Thursday evening, May 18, with check-in at Corpus Christi Parish at 5:30 pm, and ends Sunday, May 21 with a meal of fellowship in Saint Theresa Hall following the 10:45 am return Mass. Round trip transportation to and from the Retreat Center will be provided for all retreatants.

Cost for each retreatant is \$255. A deposit of \$50 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 the Retreat. If you are unable to pay part of the fee, or need further information regarding the Retreat, contact Cindy Baptiste.

Approximately 7-10 days prior to the Retreat, you will receive a letter describing the necessities, which you will need for the Retreat. Please call if you have any questions or need additional information. Please detach and return the bottom portion to the address below and make check payable to Corpus Christi Parish. **Please send or deliver your registration form and fee to: Corpus Christi Parish, 324 Quaker Meeting Road, E. Sandwich, MA 02537.**

REGISTRATION AND INFORMATION FORM

Corpus Christi Women's ACTS Retreat – May 18-21, 2017

Questions and inquiries please contact:

Mary Montalto
Co-Director
508-498-2130

Cindy Baptiste
Director
508-510-0512

Susan Locarno
Co-Director
508-326-9732

Please detach and return this section with your deposit

Name: _____ Address: _____

City: _____ State: _____ Postal code: _____

Birthday (MM/DD): _____

Home Phone: _____ Alt Phone: _____ Email: _____

Name as you want it to appear on your nametag: _____

Special dietary, medical, allergies or other needs for the retreat weekend: _____

Parish: _____ City/Province: _____

Emergency contact person: _____ Relationship: _____ Phone: _____

2nd Family/Friend contact: _____ Phone: _____