

# St. Louis Catholic Church Women's ACTS Retreat

October 20 – 23, 2011

ACTS is an acronym for Adoration, Community, Theology and Service. The goals of an ACTS retreat are to strengthen our faith, to renew ourselves spiritually and to build lasting friendships. The ACTS retreat is presented by lay women and spiritual direction is provided by clergy. All Christian women age 18 or older are invited to attend.

The retreat begins Thursday evening, October 20 with check-in between 5:30 - 6:00 pm at St. Louis Catholic Church. Transportation to Bon Secours Spiritual Center will be provided. A light meal will be provided upon arrival. We return to St. Louis on Sunday, October 23, for the 12:45 p.m. Mass, with a reception following Mass. Family members and friends are invited and encouraged to attend.

The cost of the retreat is \$350. A deposit of \$200, payable to "St. Louis Parish - ACTS", submitted with this form, will reserve your place. The remaining balance is due on or before the Thursday evening check-in. Please Note: Financial difficulties should not prevent anyone from attending the retreat. If you have financial concerns, arrangements can be made by contacting Karen Brooms at 443-755-0498.

You will receive a letter 10 to 14 days prior to the retreat detailing the items you will need to bring with you. If you need any information or have questions please contact us at one of the numbers listed below. Send your completed registration form and fee to:

St. Louis Parish - Women's ACTS Retreat  
12500 Clarksville Pike  
Clarksville, Maryland 21029

Deadline for registration is October 6, 2011. For information on the retreat please contact any of the following:

Karen Brooms – Director  
443-755-0498  
[kbbrooms@yahoo.com](mailto:kbbrooms@yahoo.com)

Cherie Congedo - Co-Director  
410-531-2462  
[cherie.congedo@verizon.net](mailto:cherie.congedo@verizon.net)

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Please return this section of the Registration Form along with your deposit of \$200 for the Women's Retreat October 20 - 23, 2011, payable to "St. Louis Parish -- ACTS"

Name: \_\_\_\_\_ Parish: \_\_\_\_\_

Name as you want it to appear on your nametag: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Hm. Phone: \_\_\_\_\_ Wk. Phone: \_\_\_\_\_

Age: \_\_\_\_\_ Marital Status: \_\_\_\_\_ Email: \_\_\_\_\_

Emergency contact #1: Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Tel: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_

Emergency contact #2: Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Tel: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_

Do you have any special physical or dietary needs? \_\_\_\_\_