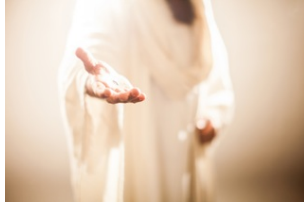


Holy Spirit Women's ACTS Retreat



January 26-29, 2023

"He must increase, but I must decrease."-John 3:30

Retreatant Name: _____

Address: _____

Email: _____ Phone Number: _____

Are you a Parishioner of Holy Spirit? (Yes / No) Religion: _____

If "NO", what church do you attend? _____

Please CIRCLE if ANY specific needs:

Dietary Medical Physical/Mobility Financial Assistance

Please explain: _____

Emergency Contact Name & Relationship: _____

Emergency Contact Email & Phone: _____

The Retreat Fee is \$225.

To guarantee your reservation, please remit payment for the retreat deposit of **\$75 to Holy Spirit ACTS**. The remaining balance of **\$150** is due at the Retreat Check-In (Thursday, January 26, 2023).

I have included my: [] *\$75 deposit or [] \$225 retreat fee.

Checks can be made payable to **Holy Spirit ACTS**

*Cancellation	
Cancellations made 2 or more weeks before retreat	full refund of registration fee
Cancellations made within 2 weeks of retreat	\$75.00 (deposit will not be returned)

Deliver registration forms to:	Mail registration forms to:
Holy Spirit Catholic Church Office 2 nd Floor 758 W. Ramsey San Antonio, TX 78216	Holy Spirit Catholic Church / ACTS P.O. Box 460729 San Antonio, TX 78246-0729



Any questions? Contact the Retreat Directors, Thelma Hernandez, at ahernandez2076@satx.rr.com or Dorothy Berend at djberend@yahoo.com

- ❖ This Holy Spirit Women's ACTS retreat will begin on the evening of Thursday, January 26, 2023, at the Holy Spirit Catholic Church Banquet Hall.
- ❖ Transportation will be provided to the Cordi Marian Retreat Center
- ❖ The Retreat will end at the NOON Mass on Sunday, January 29, 2023, at Holy Spirit Catholic Church at 8134 Blanco Rd, San Antonio, TX 78216.
- ❖ ACTS is a Catholic retreat movement presented by parishioners for parishioners with the guidance of religious leaders. The goal of each retreat is to facilitate a deepening of our relationship with Jesus Christ, to renew ourselves spiritually, to give new meaning to our prayer life, and to build lasting friendships with members of our parish communities.
- ❖ Please note that financial hardship should not prevent anyone from attending the retreat. If you are unable to pay the entire fee, contact the Retreat Director, Thelma Hernandez at ahernandez2076@satx.rr.com as a limited number of scholarships are available.
- ❖ The retreat center does not permit alcohol, nor do they permit smoking in any building on their campus. It is the policy of Holy Spirit Catholic Church that alcohol will not be a part of the retreat.
- ❖ A letter will be emailed to registered retreatants no later than 7-10 days prior to the retreat providing you with further details, directions, and suggestions on what to bring for the weekend.
- ❖ Holy Spirit Parishioners will have first preference to register until December 1st, 2022.

Holy Spirit ACTS Medical Waiver

Please read and list ALL conditions which apply. All information will be kept confidential.

- I hereby warrant that to the best of my knowledge, that I am in good health, and I assume all responsibility for my health.
 - I am taking medications at present and will be responsible for their proper consumption.
 - I will bring all medications with directions for consumption, including dosage(s) and frequency of consumption.
 - In the event of an emergency, I hereby give permission to take necessary measures so I can be transported to a hospital for emergency medical or surgical treatment. I wish to be advised prior to any treatment by the hospital or doctor.
-

Holy Spirit ACTS Liability Waiver

I, _____ agree on behalf of myself, my heirs, assigns, executors and personal representatives, to hold harmless and defend Holy Spirit Catholic Church of San Antonio, Texas, the Archdiocese of San Antonio, its officers, agents, employees or representatives associated with the ACTS retreat/trip from any and all liability claims, loss or damages arising from or in connection with my participation in the retreat trip.

By signing, I agree to all conditions listed in this document.

Retreatant Signature and Date: _____

****For Office Use Only:**

Date and Time Received _____

Received by: _____

Amount Received & Payment Type (include Check #): _____