



“Whoever eats this bread will live forever”

John 6:58

*Holy Spirit Men’s ACTS Retreat on the weekend of
August 15-18, 2024
at Cordi-Marian – San Antonio, TX*

An **ACTS** retreat weekend is a Thursday – Sunday retreat presented by laymen who are fellow parishioners like yourself. Spiritual direction will be provided during the weekend.

The retreat will begin **Thursday evening, August 15, 2024 at 5:30 p.m.**, with check-in at the Holy Spirit Banquet Room, 8134 Blanco Rd, 78216. You are welcome to bring family members or friends to see you off. Transportation to and from Cordi-Marian Retreat Center will be provided.

The weekend will conclude on **Sunday, August 18, 2024 at the 12:00 p.m. Mass** at Holy Spirit Catholic Church. Immediately following the Mass, retreatants will share food and fellowship with their families and other members of the ACTS community in the Banquet Room at Holy Spirit.

COST

The cost for each retreatant is \$225.00. This covers all meals and lodging. Registration is on a first come, first served basis. A registration fee of \$75 must be submitted with this form to reserve your place. The remaining balance of \$150 may be paid at the parish office any time prior to the retreat but is due no later than Thursday, August 15, 2024 at check-in/send-off. **Please do not let the cost of the retreat keep you from participating.** If you are in need of financial assistance or have any other questions, please contact **Miguel Avila** at (210) 872-5103 cjteachavila@gmail.com or **Todd Ryktarsyk** at (210) 557-1476 ToddRyk@gmail.com

I have included my: () *\$75 deposit or () [\$225] retreat fee.
Cancellations made 2 or more weeks before retreat - full refund.
Cancellations made within 2 weeks \$75 deposit non-refundable.

Please note that all Faiths are welcome.

REGISTRATION
Holy Spirit Men's ACTS Retreat
August 15 – 18, 2024

(PLEASE PRINT CLEARLY)

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Cell Phone: (____) _____ Birth Month _____ Day _____

Email Address: _____

Your Parish or Church (if you currently belong to one): _____

Please check one: ☐ Married ☐ Single T-Shirt Size S M L XL XXL XXXL

Emergency Contact: _____ Relationship: _____

Home Phone: _____ Work/Cell Phone: _____

Contact #2: _____ Relationship: _____

Home Phone: _____ Work/Cell Phone: _____

Will you have any dietary or medical needs during the weekend? ☐ Yes ☐ No

If yes, please list: _____

Please detach the registration form and mail with \$75.00 Deposit registration to:*

Holy Spirit Men's ACTS Retreat
Holy Spirit Catholic Church
P.O BOX 460729
San Antonio, TX 78246-0729

Or you may hand deliver during office hours to:

Holy Spirit Parish Offices 758 W. Ramsey (2nd floor of Administration)
Hours: Monday through Friday 8:30am – 5:00pm

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

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.

Signature: _____ **Date** ____/____/____

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 and 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.
- In the event of an emergency, please contact:

Name: _____	Name: _____
Relationship: _____	Relationship: _____
Home Phone: (____) _____	Home Phone: (____) _____
Cell Phone: (____) _____	Cell Phone: (____) _____

Signature: _____ **Date** ____/____/____