

TRINITY ACTS RETREAT MARCH 14-17, 2024

REGISTRATION FORM

Trinity Acts is now accepting registrations for the upcoming ACTS Retreat for women. This parish-based retreat offers the opportunity to renew your spirituality, and your prayer life, strengthen your faith, and build lasting friendships with members of the parish community. It is presented by fellow parishioners from Our Lady, Good Shepherd, and Sacred Heart Parishes. Non-Catholics are welcome.

The retreat is centered on how we can improve our relationship with God and build a stronger faith community. ACTS is based on four core principles: Adoration, Community, Theology, and Service.

The retreat will begin on Thursday, March 14, 2024, beginning with check-in at 6:00 pm at Our Lady Catholic Church. Transportation to and from the Marianist Retreat Center is provided. The retreat concludes on March 17, 2024, with the celebration of 11:00 am Mass at Sacred Heart Parish followed by a luncheon for retreatants, their families, and the community.

Please return your completed registration form with the retreat fee of \$100.00 to Our Lady Catholic Church, 1550 St. Mary's Lane, Festus, MO 63028. (Please indicate if you need financial assistance, scholarships are available) Yes No . Name Date of Birth Address City, State, Zip Email Address Phone Number Religious Background: Home Parish Relationship: Emergency Contact #1: Email Address: Phone(s): _____ Emergency Contact #2: Relationship: Phone(s): Email Address:____ Today's Date: PLEASE NOTE THERE IS NO ALCOHOL ALLOWED ON THE ACTS RETREAT

Attached is a list of questions and answers you might have about the retreat. If you have any additional questions or concerns, please contact Sandy Dugan at 314-713-1488 or Kris Abrams at 314-732-2033.

(Please complete the back side)



Please complete the personal information below, this will be kept confidential, but is necessary for the team nurse (Roxy Lupien, RN) to ensure you have all your physical needs met while on retreat or in case of emergency.

Name:	
Please list any dietary/food restrictions:	
Please list any allergies:	
Please list any medical concerns:	
Do you have any physical limitations including the ability to	navigate stairs? If so, please explain
Please list any prescription medications you take and the tin	
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Medication	Schedule