WOMEN'S ACTS RETREAT
Coalition of Northwest Florida
October 8-11, 2026
Visitation Monastery, Mobile, AL

"I can do all in Him who strengthens me." Phillippians 4:13

We invite you to join us for a spiritually uplifting weekend. Set aside some time for God and yourself. ACTS is an acronym for Adoration, Community, Theology and Service. This weekend is an opportunity to strengthen your faith, renew yourself spiritually and establish friendships with some wonderful women. All women age 21 and older are encouraged to attend.

Check-in is at 5:00pm at St Sylvester's Church, 6464 Gulf Breeze Pkwy, Gulf Breeze, FL on Thursday, October 8, 2026. Transportation is provided to the Retreat Center in Mobile. We will return to St. Sylvester's Church on Sunday, October 11 for the 11:00am Mass. A welcome home reception following Mass will be held in the St. Sylvester's Conference Rooms. Approximately 7-10 days before the retreat, you will receive a letter describing the necessities you should and should not bring with you.

The total cost of the retreat is $280.00 and includes lodging, food, beverage, and all activities. A non-refundable registration fee of $50 to St. Sylvester's ACTS must accompany this form to reserve your place. The balance of $230 is due at the Thursday evening check-in. Please note: Financial difficulties should not prevent anyone from attending the retreat. Please contact one of the names below if you require assistance or have any questions. We look forward to having you with us!

Please mail or deliver your completed registration form and deposit by October 1, 2026 to:
ACTS Retreat, St. Sylvester Church, 6464 Gulf Breeze Pkwy, Gulf Breeze, FL 32563

FOR QUESTIONS AND INQUIRIES PLEASE CONTACT:

Director: Dawn Rodman	Co-Director: MaryEllen Williams	Co-Director: Jane Barretta
Phone: 850-367-8384	Phone: 850-454-9302	Phone: 850-417-5724
Email: dawnyree@gmail.com	Email: popcornmew@yahoo.com	Email: marybarretta007@gmail.com

Please note: Alcohol and non-prescription drugs are prohibited on the ACTS Retreat and at The Visitation Monastery.

Please detach and return this section with your deposit

Full Name: _____ Name for name tag: _____
Email: _____ Home/Cell Phone: _____ Work Phone: _____
Address: _____ City:_____ State: _____ Zip:_____
Age: _____Marital Status: _____ Religion: _____Parish: _____

Do you have any special physical, dietary or medical needs? _____
_____

☐ Financial Assistance -- Check box for partial or full scholarship assistance.

Emergency contact: _____Relationship: _____
Phone: _____ Email:_____
2nd contact: _____Relationship: _____
Phone: _____ Email:_____

I understand that ACTS Missions will collect all retreatants' information for quality purposes and testimonials. I also understand that ACTS Missions may contact me after this ACTS Retreat to get feedback on my experience and see if I would like to participate and support future ACTS Retreats. I understand that ACTS Missions will NOT release my personal information to outside agencies. Initial here to OPT-OUT of ACTS Missions follow-up initiatives_____

Retreatant Signature_____ Date:_____Off. Reg. # _____