



WOMEN'S ACTS RETREAT
St. Sylvester's Parish, Gulf Breeze, FL
October 9-12, 2025
Visitation Monastery, Mobile, AL

"Stand up and go; your faith has saved you."
Luke 17:19

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 aged 21 and older are encouraged to attend.

Check-in is 5:00 PM - 5:45 PM at St. Sylvester Church, 6464 Gulf Breeze Parkway, Gulf Breeze, FL on Thursday, October 9th. Transportation is provided to the Retreat Center in Mobile. We will return to St. Sylvester's Church on Sunday, October 12th for the 11:00 AM Mass. A welcome home reception following Mass will be held in the St. Sylvester's Conference Rooms.

The total cost of the retreat is \$275.00 and includes lodging, food, beverage, and all activities. A non-refundable registration fee of \$75 to "St. Sylvester's ACTS" must accompany this form to reserve your place. The balance of \$200.00 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. Approximately 7-10 days before the Retreat, you will receive a letter describing the necessities you should **and should not** bring with you. We look forward to having you with us!

Please mail or deliver your completed registration form by SEPTEMBER 29TH and deposit to:

ACTS Retreat, St. Sylvester, 6464 Gulf Breeze Parkway, Gulf Breeze, FL 32563

For questions and inquiries please contact:

Kristin DeReuil, Director
(561) 358-9849

kristindereuil@gmail.com

Leanne Siedlarz, Co-Director
(703) 517-2469

siedlarl@yahoo.com

Sarah Weaver, Co-Director
(210) 912-0102

s.j.weaver@att.net

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

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Please detach and return this section with your deposit

Name: _____ Address: _____

Name as you want it to appear on your name tag: _____

City: _____ State: _____ Zip: _____

Home/Cell Phone: _____ Work Phone: _____ Email: _____

Age: _____ Marital Status: _____ Religion: _____ Parish: _____

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

Emergency contact: _____ Relationship: _____ Phone: _____

2nd contact: _____ Relationship: _____ Phone: _____

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. # _____