

“Follow Me” Luke 9:59

**Our Lady of Guadalupe Women’s ACTS Retreat
April 10-13, 2008**

The Women’s ACTS Retreat is a weekend retreat presented by lay Catholic women. The goals of the Retreat are to provide an opportunity for women to focus on their faith and its application in their daily lives, to build purpose in their prayer life, and to cultivate friendship and fellowship among members of the community.

The Retreat will begin Thursday evening, April 10th at 6:00 p.m. with Check-in at Our Lady of Guadalupe’s Education Center, and will be held at the Cursillo Center in Jarrell, Texas. Transportation to and from the retreat center is provided. The weekend will conclude with a “Welcome Home” Mass at Our Lady of Guadalupe at 11:30 on Sunday, April 13th. Families and friends are invited to a reception after Mass in the Parish Hall.

The cost of the retreat is \$90.00, which covers the accommodations and all meals for the weekend. To reserve your place, \$45.00 must be submitted with the Registration Form. The remaining \$45.00 is due Thursday, April 10th, at Check-in. You will receive a letter 10-14 days prior to the retreat describing necessities you should bring. If you need further information or have any questions, please contact one of the women listed below.

PLEASE NOTE: *Do not* let financial difficulties prevent you from attending this retreat. If you are in need of financial assistance, please contact one of the women listed below.

Kathy Childress, Director
832-8934
kathychildress@yahoo.com

Deanna Avalos, Co-Director
441-5823
deanna_avalos@yahoo.com

Sylvia de la Rosa, Co-Director
736-1757
sadelarosa@austin.rr.com

Please fill out the bottom part of this form and return with registration fee to: Our Lady of Guadalupe Church, 1206 East 9th Street, Austin, TX, 78702
Please make checks payable to: OLG Women’s ACTS Retreat. NOTE: all checks received will be cashed immediately.

REGISTRATION FORM

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

Address _____ City _____ State _____ Zip _____

Home Phone _____ Work Phone _____ Cell Phone _____

Date of Birth _____ e-mail Address _____ Parish/Church _____

Emergency Contact _____ Relationship _____ Address/Phone _____

Any special dietary needs, allergies, medical, mobility or other needs for the retreat weekend?

Name two family members or close friends you would like to have praying for you during this Retreat:

Name _____ Relationship _____ Phone _____ e-mail Address _____

Name _____ Relationship _____ Phone _____ e-mail Address _____

<p><u>Office use only</u></p> <p>Amount _____ cash ___ check # _____ Date _____ time _____</p>
