



"You will receive power when the Holy Spirit comes upon you: and you will be my witnesses..." ACTS 1:8

ST. CHARLES BORROMEEO CATHOLIC CHURCH Men's ACTS Retreat

April 6 - 9, 2017

Lumen Christi Retreat Center, Shriever, LA

ACTS is an acronym for: **Adoration, Community, Theology and Service**. It is a parish based retreat and ministry. The retreat's goals are to strengthen our faith and its application in our daily life, to renew ourselves spiritually and to build strong lasting friendships. Lay Catholic men present the ACTS Retreat with support provided by a spiritual director and clergy.

Please join us for an extraordinary weekend which will begin Thursday evening, April 6, 2017 with check-in at 5:30 p.m. in the Borromeo Room. Transportation to and from the Lumen Christi Retreat Center, will be provided. The retreat will conclude on Sunday, April 9, 2017 at the 11:30 a.m. SCB Parish Mass. A reception and celebration will follow mass.

A registration fee of **\$100.00** made payable to ST. Charles Borromeo submitted with this form, will reserve your place. The remaining balance of **\$140.00** will be due at the **Thursday evening check-in**.

Please Note: Financial difficulties should not prevent anyone from attending the retreat. If you have financial concerns, arrangements can be made by contacting Deacon Harry or Ronald Rodrigue.

You will receive a letter 7 to 10 days prior to the retreat describing the necessities you should bring with you. If you need further information or have any questions please contact Deacon Harry at (H) 985-764-6025 or (c) 985-703-0002. Please send your completed registration form and registration fee to: St. Charles Borromeo Catholic Church, 13396 River Road, Destrehan, LA 70047-0428, Attn: Deacon Harry Schexnayder.

Retreat Director: Gary P. Guillory
San Antonio, TX
(210) 978-2100 (Mobile)

Co-Directors: John E. Campo
Destrehan, LA
(504) 439- 2012 (Mobile)



**ST. CHARLES BORROMEO
MEN'S ACTS RETREAT April 6 - 9, 2017
REGISTRATION AND INFORMATION FORM**

NAME: _____

BIRTHDAY MONTH / YEAR: _____

NAME AS YOU WANT IT TO APPEAR ON YOUR
NAMETAG: _____

ADDRESS: _____

CITY: _____

STATE: _____ ZIP _____

CELL PHONE: _____ HOME PHONE: _____ WORK PHONE _____

EMAIL ADDRESS: _____

EMERGENCY CONTACT PERSON # 1: _____ PHONE: _____

EMAIL: _____ RELATIONSHIP: _____

EMERGENCY CONTACT PERSON #2: _____ PHONE: _____

EMAIL: _____ RELATIONSHIP: _____

ALLERGIES: _____

SPECIAL DIET: _____

ANY OTHER DIETARY, MEDICAL OR OTHER NEEDS FOR THE WEEKEND: _____

PARISH: _____
