



MEN'S ACTS RETREAT
 St. William, Tewksbury, MA
 April 26 – 29, 2018
 St. Thecla's Retreat House, Billerica, MA

“I am the vine, you are the branches. Whoever remains in me and I in him will bear much fruit, because without me you can do nothing.” –John 15:5

We invite you to join us for a spiritually uplifting weekend. Set aside some time for God and yourself. Get away from your usual busy schedule by joining men like yourself wise enough to seek His answers to life, family and eternity. 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 great men. All men age 21 and older are encouraged to attend.

Check-in is 5:30 PM - 6:00 PM at St. William Church, 1351 Main Street, Tewksbury, MA on Thursday, April 26th. Transportation is provided to the Retreat Center in Billerica. We will return to St. William's on Sunday, April 29th for the 11:30 AM Mass. A welcome home reception following mass will be held at St. William.

The total cost of the retreat is \$240, and includes lodging, food, beverage, and all activities. A non-refundable registration fee of \$50 to "St. William's ACTS" must accompany this form to reserve your place. The balance of \$190 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 are in need of assistance. Approximately 7-10 days prior to the Retreat, you will receive a letter describing the necessities you should bring with you. We look forward to having you with us!

Please mail or deliver your completed registration form and deposit to:
ACTS Retreat, St. William, 1351 Main Street, Tewksbury, MA 01876

Questions and inquiries please contact:

Bob Daley, Director
 978-697-4819
daley@fas.harvard.edu

Dcn. Tom Walsh, Co-Director
 978-851-8292
stwilliams.deacontom@gmail.com

Steve Frautten, Co-Director
 978-806-6549
stevefrautten@aol.com

 Please detach and return this section with your deposit

Name: _____ Address: _____

Name as you want it to appear on your nametag: _____

City: _____ State: _____ Zip: _____

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

Age: _____ Marital Status: _____ Parish: _____

Do you have any special physical or dietary needs?

Emergency contact: _____ Relationship: _____ Phone: _____

2nd contact: _____ Relationship: _____ Phone: _____