



YOUR INVITATION TO AN ACTS RETREAT

Sponsored by St. William's Women's ACTS ~ Espousal Retreat Center, Waltham, MA – Nov. 8 - 11, 2018

We would like to invite you to join us for a spiritually uplifting weekend. This weekend will be an opportunity to strengthen our faith, renew ourselves spiritually, and build and grow friendships with some great women. ACTS is an acronym for Adoration, Community, Theology and Service. All Christian women age 21 and older are welcome to attend.

The retreat begins Thursday evening Nov. 8th, with check-in from 5:30 – 6:00 pm, followed by a short send off prayer at St. William's Church in Tewksbury, MA. Transportation will be provided to the Retreat Center. We will return to St. William's on Sunday, Nov. 11th for the 11:30 am Mass. A welcome home reception will follow Mass in the Lower Church.

The total cost of the retreat is \$240, and includes lodging, food, beverage, and lots of activities. A registration fee of \$50 made **payable to "St. William's ACTS"** must accompany this form to reserve your place. The remaining balance will be due at the Thursday evening check-in. **Please Note:** Financial difficulties should not prevent anyone from attending the retreat; if you have a need for tuition assistance, please contact one of the people identified below.

Approximately 7-10 days prior to the Retreat, you will receive a letter describing the necessities you should bring with you. Please call any of the contacts listed below if you need further information or have any questions. We look forward to having you join us!

Please send or deliver your completed registration form and deposit to:

St. William's Parish/Women's ACTS ~ 1351 Main Street ~ Tewksbury, MA 01876

Questions and inquiries please contact:

Nancy Carew
Director
978-851-8401

Sandy Barry
Co-Director
978-930-2277

Cathy Pagliarulo
Co-Director
978-640-0351

Please detach and return this section with your deposit

Name: _____ Address: _____

City: _____ State: _____ Zip: _____ Birthdate: _____
(optional)

Home Phone: _____ Alt Phone: _____ Email: _____

Parish: _____ City/State: _____

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

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

Emergency contact person: _____ Relationship: _____

Address: _____ Email: _____ Phone: _____

Faith Sharing friend or family member (different than emergency contact): _____

Phone: _____ Email: _____