



MEN'S ACTS RETREAT
 St. William, Tewksbury, MA
 September 25 – 28, 2025
 St. Thecla's Retreat House, Billerica, MA

“But you, man of God, pursue righteousness, devotion, faith, love, patience, and gentleness” –1 Timothy 6:11

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, September 25th. Transportation is provided to the Retreat Center in Billerica. We will return to St. William Church on Sunday, September 28th 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 \$310, 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 \$260 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 or have any questions. 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:

Mark Riopelle, Director
 978-770-8880

Matt Corbin, Co-Director
 978-551-5982

Michael Wiroll, Co-Director
 978-804-1072

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mattjcorbin@gmail.com

wirollplumbing@comcast.net

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 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: _____

Any special medical/mobility or dietary needs? _____

Emergency contact: _____ Relationship: _____ Phone: _____

2nd contact: _____ Relationship: _____ Phone: _____

Emerg Contact Email: _____ 2nd Contact Email: _____