



May 30 – June 02, 2019
ACTS Retreat for Women

Sponsored by Parish of the Holy Eucharist, Falmouth ME

We would like to invite you to join us for a spiritually uplifting weekend, a chance to get away from your usual busy schedule. This weekend will be an opportunity to renew yourself spiritually, strengthen your faith, build and grow friendships with some great women. All women age 21 and older are welcome.

The retreat begins Thursday evening, May 30 with a 5:30 PM check-in at Holy Martyrs Church, Falmouth, ME. Transportation will be provided to and from Notre Dame Spiritual Center, Alfred, ME. We will return on Sunday, June 02 with a Homecoming Mass at Holy Martyrs followed by a reception in the Holy Martyrs Hall.

The cost of the retreat is \$250.00. If you cannot pay in full at this time, a deposit of \$100.00, made payable to "Parish of the Holy Eucharist" (ON MEMO LINE PLEASE WRITE – WOMEN'S ACTS RETREAT 2019) and submit with this form, to the parish office, to reserve your place. The remaining balance will be due by Monday, May 27, 2019. You will receive a letter within 10 days of the retreat describing the necessities you should bring. Financial difficulties should not prevent anyone from attending. Please contact Trudy Desfosse (see below) if you are in need of assistance.

Trudy Desfosse, Director (978) 256-7882
Joyce Hale, Co-Director (207) 310-0510
Joann Segovia, Co-Director (207) 740-4074

Please send your completed registration form and payment to:

Women's ACTS Retreat 2019, Parish of the Holy Eucharist, 266 Foreside Road, Falmouth, ME 04105

PLEASE DETACH AND RETURN THIS BOTTOM PORTION TO THE ABOVE ADDRESS.
Please register me for the Women's ACTS retreat: May 30 - June 02, 2019

Last Name _____ First Name _____

Name as you want it to appear on your Name Badge _____

Home Phone () _____ Cell Phone () _____ CITY STATE ZIP CODE E-mail _____

Parish/Town _____

**Emergency Contact Person _____ **Relationship _____

**Address _____ ** Home Phone () _____

**Cell or Work Phone () _____ ** Emergency contact Email _____

**2nd Family/Friend contact: _____ **Relationship _____

**Address _____ **Home Phone () _____

**Cell Phone () _____ Family/Friend Contact E-mail _____

Any specific dietary or medical needs during the weekend?

I have enclosed my deposit of \$100.00 I have enclosed full payment of \$250.00

**This information MUST be provided.