



**Mary Mother of the Church ACTS Retreat, Mercy Retreat Center
MEN'S RETREAT, May 28-31, 2009
Information & Registration Form**

The parishioners of Mary Mother of the Church are pleased to present the ACTS weekend retreat. This parish-based retreat offers the opportunity to renew your spirituality and prayer life, strengthen your faith and its application in your daily life, and build lasting friendships among members of the parish community. It is presented by members of our parish with spiritual direction from our parish priests and pastoral associates.

The retreat begins Thursday evening with check-in at 6:15 pm at Mary Mother of the Church, and ends Sunday with a reception in the parish hall following the 11:15 p.m. Mass. Transportation to and from the Mercy Retreat Center will be provided for all retreatants.

Donation for each retreatant is \$225, \$75 due with this registration form. The remaining \$150 is due by May 12th, 2009. **PLEASE NOTE: Financial difficulties should not prevent anyone from attending the retreat.** If you wish to inquire about a scholarship, or need further information regarding the retreat please contact:

Fr. Mark Whitman (Assoc. Pastor)
314-894-1373 x204

Ed Lewandowski (Dir. Religious Education)
314-894-1373 x218

Tony Tallo (Director)
636-225-1259

Dan Winkelmann (Co-Director)
(636) 938-9819

Steve Krieger (Co-Director)
314-892-6167

Approximately 7-10 days prior to the retreat, you will receive a letter describing what to bring with you (clothing, reading material, etc.) for the weekend. Please contact one of the above people if you have any questions or need additional information.

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Please complete this form in its entirety and submit with your registration fee (payable to: Mary Mother of the Church, memo section "ACTS Retreat") to Mary Mother of the Church, 5901 Kerth Road, St. Louis, MO 63128 attn: Ed Lew.

Name: _____ e-mail: _____

Name as you would like it on your name tag: _____

Street Address: _____

City/State/Zip: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Dietary Restrictions, please specify: _____

Medical needs / Physical restrictions (ex. Assistance with medical care needed, difficulty with stairs or walking, etc.) please specify: _____

Emergency contact: _____ Home Phone: _____

Cell Phone: _____ Work Phone: _____

Family/Closest Friend: _____ Home Phone: _____

Cell Phone: _____ Work Phone: _____

I am a member of _____ parish