

*“For where your treasure is, there also will your heart be”*

**St. Catherine Laboure Parish Women’s Acts Retreat**

August 5, 6, 7, 8

Catholic laywomen present the ACTS weekend retreat. The retreat’s goals are to allow an opportunity for women to focus on their faith and its application in their daily lives, to grow in their prayer life, to increase their presence at the Celebration of the Eucharist and to cultivate friendship among members of the church community. The retreat begins Thursday evening, Aug. 5<sup>th</sup> with check-in at the St. Catherine Laboure Church Gathering Space and ends Sunday, Aug. 8<sup>th</sup> with the 12:00 noon Mass at St. Catherine Laboure Church. Round trip transportation to and from the retreat center will be provided for all retreatants with check-in on Thursday evening at the St. Catherine Laboure Church Gathering Space at 6:30 p.m. Cost for each retreatant is \$200. A deposit of \$50.00 must be submitted with this form in order to reserve your place. The remaining \$150 is due at the Thursday check-in. PLEASE NOTE: financial difficulties should not prevent anyone from attending the retreat. If you are unable to pay all or part of the fee or need further information regarding the retreat, please contact: Marianne Jorcke (314-843-6392) or Cherie Logan (636-326-1604). Approximately 7-10 days prior to the retreat, you will receive a letter describing the necessities, which you will need for the retreat. Please call anyone of the above if you have any questions or need additional information. Please detach and return the portion below to the address below and make check payable to St. Catherine Laboure Parish.

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Please detach and return with registration fee

**Name** \_\_\_\_\_

**e mail** \_\_\_\_\_

**Address** \_\_\_\_\_

**Home Phone ( )** \_\_\_\_\_ **Work Phone ( )** \_\_\_\_\_

**Cell Phone ( )** \_\_\_\_\_

**I would like my nametag to read** \_\_\_\_\_

**If you have any specific dietary needs, please specify:**

**If you have any specific physical needs, please specify: (e.g. elevator, stairs, walking distances or allergic conditions such as scents, smoke, etc.)**

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**I am a member of** \_\_\_\_\_ **Parish**

**In case of emergency contact** \_\_\_\_\_

**Relationship** \_\_\_\_\_

**Home Phone ( )** \_\_\_\_\_

**Work Phone( )** \_\_\_\_\_

**Cell Phone ( )** \_\_\_\_\_

**e-mail** \_\_\_\_\_

**2<sup>nd</sup> emergency contact** \_\_\_\_\_ **Phone( )** \_\_\_\_\_

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

**St. Catherine Laboure Parish Office,  
Attn. ACTS Retreats  
9740 Sappington Road, St.  
Louis, MO 63128**