



St. William of York Catholic Church
Men's ACTS Retreat

April 25, 2024 – April 28, 2024

I am the vine you are the branches, whoever remains in me and I in him will bear much fruit John 15:5

We would like to invite you to join us for an extraordinary weekend. This experience will take place at Saint Thecla's Retreat House, 77 Dudley Rd., Billerica, MA. It will be an opportunity for spiritual renewal and the making of many friends.

The goals of the retreat are to allow an opportunity for each person to focus on their faith and its application during their daily lives and to build purpose in their prayer life, to increase their presence at the liturgy, and to cultivate friendship among members of the church community.

The retreat begins Thursday evening April 25, 2024 with check-in from **6:00 - 6:30 PM** at St. William's Church, in Tewksbury, MA. Transportation will be provided to the Saint Thecla's Retreat House. We will return to St. William's Church on Sunday, April 28, 2024 for the 11:30 AM Mass. A welcome home reception will follow.

The total cost of the retreat is \$295 and includes lodging, food, and many activities. A deposit of \$50 made payable to "St. William's ACTS" must accompany this form to reserve your place. The remaining balance of \$245 will be due at the Thursday evening check-in. **Please Note:** Financial difficulties should not prevent anyone from attending the retreat. If you have concerns, please contact the Director 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 greatly look forward to having you with us.

Please send your completed registration form and deposit to:

St. William's Church – Men's ACTS Retreat, 1351 Main Street, Tewksbury, MA 01876

Questions and inquiries please contact:

Sean Tierney
Director

781-760-8404

Seantierney954@gmail.com

Mike Wildeman
Co-Director

508-341-3193

mike.wildman42@gmail.com

Brian W. Kozik
Co-Director

978-407-0012

bkozik@comcast.net

Please return this section with your deposit for the Men's ACTS Retreat

Name: _____ Birthday (month/day) _____

Name as you want it to appear on your name tag: _____

Address: _____

City: _____ State: _____ Zip: _____

Primary Phone (work/cell/home): _____ Secondary Phone(work/cell/home): _____

Email address: _____

Emergency Contact 1: _____ Relationship: _____ Phone: _____

Address: _____

Emergency Contact 2: _____ Relationship: _____ Phone: _____

Address: _____

Allergies: _____ Special Diet: _____

Any other dietary, medical or other needs for the weekend: _____

I understand that ACTS Missions will collect all retreatants information for quality purposes and testimonials. I also understand that ACTS Missions may contact me after this ACTS Retreat to get feedback on my experience and see if I would like to participate and support future ACTS Retreats. I understand that ACTS Missions will NOT release my personal information to outside agencies. Initial here to OPT-OUT of ACTS Missions follow up initiatives: _____

Signature

Date