



November 7 – 10, 2024
ACTS Retreat for Women

Sponsored by Parish of the Holy Eucharist, Falmouth, Maine
and Our Lady of Hope Parish, Portland, Maine

We 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, and grow friendships with some amazing women. All women aged 21 and over are welcome.

The retreat begins Thursday evening, November 7, with a check-in at Holy Martyrs church in Falmouth. Transportation will be provided to and from the retreat site at the Retreat Center in Winthrop. We will return on Sunday, November 10, with a Homecoming Mass at Holy Martyrs in Falmouth.

The cost of the retreat is \$195.00. 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 2024) and submit with this form to reserve your place. The remaining balance will be due by November 1, 2024. You will receive a letter within 10 days of the retreat describing necessities you should bring. Financial difficulties should not prevent anyone from attending. Please contact Cubby Shean (see below) if you are in need of assistance.

Cubby Shean, Director (207) 577-7532
Cathy Mullaney, Co-Director (207) 939-1856
Elizabeth Muentener, Co-Director (207) 239-1210

ONLINE OPTION: You may register and pay online at https://pothe.org/acts-registration

PAPER OPTION: Please send your completed registration form and payment to:

Women's ACTS Retreat 2024, POTHE, 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: November 7-10, 2024

Last Name _____ First Name _____

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

STREET/PO BOX CITY STATE ZIP CODE

Home Phone () Cell Phone () 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, medical, physical, and/or special needs during the weekend? (if more space is needed use back of page)

___ I have enclosed my deposit of \$100.00 ___ I have enclosed full payment of \$195.00

**This information MUST be provided.