

YOUR INVITATION TO AN A.C.T.S. RETREAT

Sponsored by Shepherd of the Valley Catholic Church

I AM WITH YOU ALWAYS. MATTHEW 28:20

We would like to invite you to join us for an extraordinary weekend. This experience will take place **May 24-27, 2018 at Mountain Lakes Bible Camp**. 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, 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, May 24 with check-in at 5:30pm at Shepherd of the Valley, and ends Sunday, May 27 with a meal of fellowship in the SOV parish hall following the 11:00am Sunday Mass. *Round trip transportation to and from the retreat center will be provided for all retreatants.*

Cost for each retreatant is \$180. A deposit of \$80 must be submitted with this form in order to reserve your place on the retreat. The balance is due at the Thursday check-in before the retreat begins. **PLEASE NOTE: Financial difficulties should not prevent anyone from attending the retreat.** *If you are unable to pay all or part of the fee, financial arrangements can be made by contacting Eileen Micke-Johnson.*

Approximately 7-10 days prior to the Retreat, you will receive a letter with additional information and a detailed packing list.

Please send your completed registration form and fee to:

Women's ACTS Retreat
Shepherd of the Valley Catholic Church
600 Beebe Rd. Central Point, OR 97502

Parish Office Hours
Mon.-Fri. 9:00am-5:00pm

Make check payable to Shepherd of the Valley with notation for Women's ACTS Retreat

(Detach & return this portion - please print clearly)

Name: _____ Birth date (must be over 21): _____

How do you want your name to appear on your nametag: _____

Address: _____

Preferred Phone (Home / Cell / Work): _____ Phone (H / C / W): _____

E-Mail: _____ Religious Preference: _____ Home Parish: _____

Who encouraged you to attend this retreat? _____

EMERGENCY CONTACT PERSON #1 Name: _____ Relationship: _____

Phone: _____ Email: _____

EMERGENCY CONTACT PERSON #1 Name: _____ Relationship: _____

Phone: _____ Email: _____

Do you have physical limitations that would prevent you from walking on uneven ground, or sitting for prolonged periods? **NO / YES**

(If "yes," please explain) _____

If you have any medically necessary **DIETARY NEEDS**, please list here: _____

Beverage Preference: (circle 1 or more): Water / Tea / Coffee / Soda (_____) / Diet Soda (_____)

PAYMENT INFORMATION Cost for each retreatant is \$180. A deposit of \$80 must be submitted with this form in order to reserve your place on the retreat. The balance is due at the Thursday check-in before the retreat begins.

I have included my full registration fee of \$180.00 CK # _____

I have included my **non-refundable** registration deposit of \$80.00 CK # _____
Balance is due at check-in Thursday before the retreat begins.

I may need financial assistance.

Dear Sister in Christ,

You may have asked what is an ACTS Retreat before picking up this registration form. The answer is that an ACTS retreat is led by lay women who have previously attended an ACTS retreat. It is three days and three nights, beginning on Thursday evening and ending the following Sunday at Mass celebrated with the parish community. The retreat facilitates the attainment of a new and/or deeper relationship with the Lord through:

Adoration - The call by, acceptance of, and response to God

Community - The love and caring of each other

Theology - The study of God through scripture and the Catholic faith.

Service - To God and His people

Remember:

- Check-in: Thurs, May 24th 5:30 pm, SOV parish hall
- Round trip transportation provided from SOV
- Registration fee includes: lodging, food, snacks, all materials, transportation, etc.
- Sunday Mass: May 24th 11:00am, SOV church
- Reception following Mass at SOV parish hall
- Please invite your family to attend Mass & the reception*

Thank you for your interest in our ACTS Retreat and please consider this our personal invitation to attend. You should know, that if you have gotten this far into this invitation, you are probably meant to be with us on this special weekend. It may be us inviting, but it is God calling YOU! Please open your heart and trust Him, as did our Blessed Mother Mary, to lead you on your journey to a deeper faith!

We look forward to serving YOU!

Your Sisters in Christ:

Eileen Micke-Johnson, Director
541.821.2257
mickjohn78@gmail.com

Joyce Marks, co-Director
541.210.3808
joyce@shepherd catholic.com

Debbie Hogenson, registration
541.690.9556



**Shepherd of
the Valley**

600 Beebe Rd. Central Point, OR 97502
541.664.1050

Photograph and Social Media Release Form

Shepherd of the Valley Catholic Church A.C.T.S. Charter

Name: _____

(a separate form must be completed for each person)

A.C.T.S. Event: _____

At Shepherd of the Valley A.C.T.S. Retreats, a photo directory may be created and a group picture is taken.

This permission is valid until changed or revoked by you in writing.

Please check one:

I **agree** that my photograph or image may **ONLY** be used in the group picture of the retreat and my retreat photo directory and do not consent to share it in any other way.

NO, I **do not** want my photograph, image or video used in any way.

Signature

Date

Contact Number (Please circle: Home – Cell – Work - Other)

Address