



# ACTS Retreat for Men

November 21 – November 24, 2019

Retreat Location: Queen of Apostles Renewal Centre, Mississauga, Ontario  
Sponsoring Parish: St. Josephine Bakhita Catholic Church, Mississauga, Ontario

Catholic men present an ACTS weekend retreat under guidance of a spiritual director. The goals of the retreat are to help you to strengthen your faith and its application in your daily life, to renew yourself spiritually, and to build community through lasting friendships.

The retreat begins **Thursday evening, November 21<sup>st</sup>, at 6:30 pm at Queen of Apostles Renewal Centre**. The retreat will end on Sunday, November 24<sup>th</sup>, with a 12:30 PM Mass and reception at St. Josephine Bakhita Catholic Church in Mississauga.

The cost of the retreat is **\$325.00**. Payment can be made by cash, cheque or credit card. If you cannot pay in full at this time, a deposit of **\$100.00**, made **payable to "Queen of Apostles Renewal Centre"** and submitted with this form will reserve your place. The balance will be due at the Thursday evening check-in. You will be contacted within 14 days of the retreat informing you of the registration procedures and items to bring for the retreat. Financial difficulties should not prevent anyone from attending. A limited amount of "need-based" financial assistance is available. To arrange for financial assistance or for further information, please contact:

**Lorenzo Stampatori** (416) 300-0153 – Director

**Please send, (mail or email), your completed registration form and payment to:**  
**St. Patrick's Church** (Attn: Men's ACTS Retreat)  
**921 Flagship Drive, Mississauga, ON L4Y 2J6**  
**(NOTE: Cheque Payable To: Queen of Apostles Renewal Centre)**  
**Email: actscanadamen@gmail.com**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Email \_\_\_\_\_ Name for your ID badge \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Single \_\_\_\_\_ Married \_\_\_\_\_ Date of Birth \_\_\_\_\_ Parish/Church \_\_\_\_\_

Shirt Size: M \_\_\_\_\_ L \_\_\_\_\_ XL \_\_\_\_\_ XXL \_\_\_\_\_ XXXL \_\_\_\_\_ Other \_\_\_\_\_

Identify any specific dietary or medical needs during the weekend \_\_\_\_\_

**\*EMERGENCY CONTACT INFORMATION BELOW MUST BE PROVIDED:**

\* In case of emergency, contact \_\_\_\_\_ \* Relationship: \_\_\_\_\_

\* Address: \_\_\_\_\_ \*Home Phone \_\_\_\_\_

\* Email: \_\_\_\_\_ \*Work/Cell Phone \_\_\_\_\_

I have enclosed my deposit of \$100.00

I have enclosed full payment of \$325.00



Credit Card # \_\_\_\_\_ Expiry Date: \_\_\_\_\_

Name of Cardholder \_\_\_\_\_