



ACTS MEN'S RETREAT

October 31st – November 3rd, 2024

Retreat Location: Queen of Apostles Renewal Centre, Mississauga, Ontario

Sponsoring Parish: St. Patrick's Parish, Mississauga, Ontario

Catholic men present an **ACTS** weekend retreat under the 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, October 31st, at 6:30 pm at Queen of Apostles Renewal Centre**. The retreat will end on Sunday, November 3rd, with a 12:00 PM Mass at St. Patrick's Catholic Church in Mississauga.

The cost of the retreat is **\$475.00** which includes a three-night private room with bath, three meals per day as well as breakfast on Sunday morning. A deposit of **\$100.00** will reserve your place with the remaining balance due at the Thursday evening check-in. You will receive an email within 14 days of the retreat detailing the necessities you should bring to the retreat. For further information, please contact:

Paul Valtas 905-670-6760 – 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

Email: actscanadamen@gmail.com

Last Name _____ First Name _____

Email _____ Name for your ID badge _____

Home Phone _____ Cell 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 _____

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

*** In case of emergency, contact _____ * Relationship: _____**

***Cell Phone _____ *Work/Home Phone _____**

*** Email: _____**

I have enclosed my deposit of \$100.00 ☐

I have enclosed full payment of \$475.00 ☐



Credit Card # _____ Expiry Date: _____

Name of Cardholder _____

NOTE: Cheques Payable To: Queen of Apostles Renewal Centre

01/23