



ACTS WOMEN'S RETREAT

October 3rd – October 6th, 2024

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

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

Catholic Women, under the guidance of Catholic clergy and certified spiritual companions, present an ACTS weekend retreat. 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 from Thursday evening October 3rd at 6:30 pm at Queen of Apostles Renewal Centre in Mississauga and ends on Sunday, October 6th with 12:00 PM Mass at St. Patrick's Parish 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 10 days of the retreat detailing the necessities you should bring to the retreat. For further information, please contact:

Debbie Klaudusz 416-824-3197 – Director

Please send (mail or email) your completed registration form and payment to:

St. Patrick's Parish (Attn: Women's ACTS Retreat)

921 Flagship Dr., Mississauga, ON L4Y 2J6

Email: actscanadawomen@gmail.com

PLEASE DETACH AND RETURN the bottom portion TO THE ABOVE ADDRESS WITH DEPOSIT to reserve a spot on the retreat.

Last Name _____ First Name _____

Email _____ Name for your ID badge _____

Home Phone _____ Work/Cell Phone _____

Address: _____ City _____ Province _____ Postal Code _____

Single _____ Married _____ Date of Birth _____ Parish/Church _____

Identify any specific dietary or medical needs during the weekend _____

****In Case of EMERGENCY CONTACT INFORMATION BELOW MUST BE PROVIDED BELOW:**

****Contact Name** _____ **** Relationship:** _____

****Address:** _____ ****Cell Phone** _____

**** Email:** _____ ****Work/Home Phone** _____

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