ACTS WOMEN's RETREAT: September 25th – 28th, 2025

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 September 25th at 6:30PM at Queen of Apostles Renewal Centre in Mississauga and ends on Sunday, September 28th with 12:00PM Mass at St. Francis of Assisi Parish in Mississauga.

The cost of the retreat is **$555.00** 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:

Sandy Johnson 1-905-512-5757 – Director

Please send (mail or email) your completed registration form and payment to:
St. Patrick's Church (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_____ **Cell/Work 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 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 $555.00** ☐

Credit Card # _____ **Expiry Date:** _____

Name of Cardholder _____

NOTE: Cheques Payable To: "**Queen of Apostles Renewal Centre"**