



# ACTS Retreat for Women

*Sponsored by: Corpus Christi Parish*

*Held at: Immaculate Conception Retreat Center, Putnam CT*

**March 14-17<sup>th</sup>, 2024**



Catholic women present an ACTS weekend retreat under guidance of clergy. The goals of the retreat are 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, March 14<sup>th</sup> with a 5:30 pm check-in at St Joseph's Church in Willimantic, CT. Participants will then be transported to Immaculate Conception Retreat Center, Putnam CT for the remainder of the retreat. The retreat will end Sunday, March 17<sup>th</sup> at the 10:30 Mass at St. Mary's Church in Willimantic, CT. A reception will follow immediately after Mass in the church hall. Transportation to and from the retreat center will be provided.

The cost of the retreat is \$290. For first time retreatants the cost is \$199. If you cannot pay in full at this time, a deposit of \$100, made payable to ACTS CT and submitted with this form will reserve your place. In the memo section of your check, note "**Women's ACTS Retreat**". The remaining balance will be due at the Thursday evening check-in. If you have never attended an ACTS retreat and the cost of the retreat is a concern, please discuss it with one of the directors below. Financial difficulties should not prevent anyone from attending. A limited amount of "need based" assistance is available.

**Please submit your application by February 17<sup>th</sup>, 2024.** You will receive a letter within two weeks of the retreat describing the necessities you should bring. **Note: Women that have been on an ACTS retreat previously will be placed on a waiting list to give priority to first-time Retreatants.**

Laura Fish-Kelly, Retreat Director - 860-416-6957 Lfishkelly@aol.com  
Monica Barrett Co-Director - 860-707-3648 monica.mbbarratt@gmail.com  
Jamie Silkowski Co-Director - 860-268-2810 jamie.silkowski@gmail.com

**Please send your completed registration form and payment to:**  
**Laura Fish-Kelly 180 Glastonbury Blvd Suite 105 Glastonbury, Ct 06033 Attn: Women's ACTS Retreat**

**PLEASE DETACH AND RETURN THE BOTTOM PORTION TO THE ABOVE ADDRESS.**

**Please register me for the Women's ACTS Retreat: March 14-17, 2024**

**Also save the date for the Retreat Reunion on Sunday April 7<sup>th</sup> at 1:00 -more details to follow.**

First Name	Last Name	Name for ID Badge	Birth Year
Street Address		City	State Zip
Email Address			
Home Phone	Work Phone	Cell Phone	Parish you attend.

**Check if any specific needs:** ☐ Dietary/Allergy ☐ Medical ☐ Physical ☐ Financial Assistance

Please explain: \_\_\_\_\_

<b>Emergency Contact:</b>		
<b>(Must be provided)</b>	Name	Relationship
Address	Phone	eMail address

*I have enclosed my deposit of [\$Amount] ☐*

*I have enclosed full payment of [\$Amount] ☐*

I understand that ACTS will collect all retreatants information for quality purposes and testimonials. I also understand that ACTS Missions may contact me after this ACTS Retreat to get feedback on my experience and see if I would like to participate and support future ACTS Retreats. I understand that ACTS will NOT release my personal information to outside agencies.

Initial here to **OPT-OUT** of ACTS follow up initiatives: \_\_\_\_\_

Retreatant Signature

Date