



ACTS Retreat for Men

Sponsored by: St. John Paul II and Guardian Angels Parishes

Held at: Immaculate Conception Retreat Center, Putnam CT

November 7-10, 2024



ACTS
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Catholic men 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, November 7, 2024 with a 5:00 pm check-in at St. Bridget of Kildare Church, Moodus, CT. Participants will then be transported to Immaculate Conception Retreat Center, Putnam CT for the remainder of the retreat. The retreat will end Sunday, November 10 at the 11:30 Mass at St. Bridget. A reception will follow immediately after Mass in the church hall. Transportation to and from retreat center will be provided.

The cost of the retreat is \$290. If you cannot pay in full at this time, a deposit of \$90, made payable to **St. John Paul II Parish** and submitted with this form will reserve your place. In the memo section of your check, note “**Men’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 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 October 20, 2024. You will receive a letter within two weeks of the retreat describing the necessities you should bring. Note: Men that have been on an ACTS retreat previously will be placed on a waiting list to give priority to first-time retreatants.

David Padgett, Retreat Director ~ 860.861.8911 ~ dave.padgett@hotmail.com

Bill Ziegenhagen, Co-Director ~ 860.207.1268 ~ billziggy57@gmail.com

Joe Duddie, Co-Director ~ 860.234.4885 ~ joeduddie22@yahoo.com

**Please send your completed registration form and payment to:
St. John Paul II Parish, 47 West High St., East Hampton, CT 06424**

Attn: Men’s ACTS Retreat

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

Please register me for the Men’s ACTS Retreat: November 7-10, 2024

First Name _____ Last Name _____ Name for ID Badge _____ Over 21 Years Old? (Y/N) _____

Street Address _____ City _____ State _____ Zip _____ Email Address _____

Home Phone _____ Work Phone _____ Cell Phone _____ Parish you attend _____

Please check if any specific needs: Dietary Medical Physical Financial Assistance

Please explain: _____

T-Shirt Size: _____

Emergency Contact: _____

(Must be provided) Name _____ Relationship _____

Address _____ Phone _____ email address _____

I have enclosed my deposit of \$90

I have enclosed full payment of \$290

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 _____