



ACTS RETREAT FOR MEN

Sponsored by: *Immaculate Conception Parish*, Waterbury, CT

Held at: *Our Lady of Calvary Retreat Center*, Farmington CT

May 1st - 4th, 2025



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, May 1st, 2025, at 5:30pm at the Basilica of the Immaculate Conception, Waterbury, CT. Participants will then be transported to Our Lady of Calvary Retreat Center, Farmington CT for the remainder of the retreat. The retreat will end Sunday, May 4th, 2025, at the 12:00pm Mass at the Basilica of the Immaculate Conception. A reception will follow immediately after Mass. Transportation to and from Our Lady of Calvary Retreat Center will be provided.

The cost of the retreat is \$250. If you cannot pay in full at this time, a deposit of \$125, made payable to "Immaculate Conception 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 Thursday evening at check-in.

Please submit your application as early as possible. You will receive a letter within two weeks of the retreat describing the necessities you should bring. Men that have been on an ACTS retreat previously will be placed on a waiting list to give priority to first-time retreatants. Any questions about the upcoming Men's ACTS retreat can be directed to any member of the leadership team:

Tim Ryor, Director (860) 372-2727 (call or text) tryor@comcast.net

Paulo Abrantes, Co-Director (203) 598-1039 (call or text) jpabrantes@icloud.com

Mark Ferraro, Co-Director (860) 280-4707 (call or text) markjferraro@gmail.com

Please send your completed registration form and payment to:
Immaculate Conception Parish Men's ACTS Retreat
74 W Main Street, Waterbury, CT 06702

PLEASE DETACH AND RETURN THE BOTTOM PORTION TO THE ABOVE ADDRESS

Please register me for the May 1st - 4th Men's ACTS Retreat:

First Name _____ Last Name _____ Name for ID Badge _____ Birth Year _____

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

Home Phone (Landline) _____ Work Phone _____ Cell Phone _____ Parish you attend _____

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

Please explain: _____

Tee-Shirt Size: _____

Emergency Contact:		_____	_____
(Must be provided)		Name	Relationship
_____	_____	_____	_____
Address	Phone	email address	

I have enclosed my deposit of \$125

I have enclosed full payment of \$250

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 _____