



# ACTS Retreat for Women

Sponsored by: Guardian Angels & St. John Paul, II Parishes  
Held at: Immaculate Conception Center in Putnam, CT

## May 1-4, 2025

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, May 1, with a 5:00 p.m. check-in at St. Andrew Church in Colchester, CT. Participants will then be transported to the Immaculate Conception Center in Putnam, CT for the remainder of the retreat. The retreat will end Sunday, May 4 at the 11:00 a.m. Mass at St. Andrew Church. A reception will follow immediately after Mass in the church hall. Transportation to and from the Immaculate Conception Center will be provided.

The cost of the retreat is **\$294.00**. If you cannot pay in full at this time, a deposit of **\$147.00**, made **payable to Guardian Angels Parish** 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 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 April 18, 2005.** You will receive a letter within two weeks of the retreat describing the necessities you should bring.

**Note: Women who have been on an ACTS retreat previously will be placed on a waiting list to give priority to first-time Retreatants.**

Donna Reenstra, Retreat Director – 860-861-7660 - reenstrad@gmail.com  
Lisa Shaner, Co-Director – 860-861-2213 – shanerlm@charter.net  
Florette Juriga, Co-Director – 860-428-5321 – fjuriga331@gmail.com

**Please send your completed registration form and payment to:  
Lisa Shaner, 230 Lebanon Avenue, Lebanon CT 06249, Attn: Women’s ACTS Retreat**

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

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### Please register me for the Women’s ACTS Retreat: May 1-4, 2025

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: \_\_\_\_\_

*I have enclosed my deposit of \$147.00*

*I have enclosed full payment of \$294.00*

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

**The emergency contact information on the reverse side must be provided.**

**Emergency Contacts: (Must be provided)**

**#1:** \_\_\_\_\_  
Name Relationship Phone email address  
\_\_\_\_\_  
Address

**#2:** \_\_\_\_\_  
Name Relationship Phone email address  
\_\_\_\_\_  
Address

The emergency contacts will be contacted prior to the retreat to ensure we receive working information