

Retreatant Signature

## **ACTS Retreat for Men**



## Sponsored by: St. Brendan the Navigator Catholic Community

Held at: Enders Island Retreat Center, Mystic CT June 5-8, 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, June 5<sup>th</sup>, with a 5:30 pm check-in at St. Joseph Church, 17 Squire St, New London. Participants will then be transported to Enders Island Retreat Center, Mystic CT for the remainder of the retreat. The retreat will end Sunday, June 8th at the 10:30 AM Mass at St. Joseph Church. A reception will follow immediately after Mass in the church hall. Transportation to and from Enders Island Retreat Center will be provided.

The cost of the retreat is \$300. If you cannot pay in full at this time, a deposit of \$150, made payable to St. Joseph Corporation 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. The retreat costs are being subsidized by ACTS NL. The fee for repeat retreatants is \$365. 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 May 17<sup>th</sup>, 2025. 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.

Bill Shea, Retreat Director, <a href="weshea@comcast.net">weshea@comcast.net</a> (860) 912-0125

Pat Sullivan, Retreat Co-Director, <a href="mailto:psully007@yahoo.com">psully007@yahoo.com</a> (860) 460-8470

Please send your completed registration form and payment to:

<u>ACTS Retreat, PO Box 414, Groton CT 06340 Attn: Men's ACTS Retreat</u>

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

| st Name                                   | Last Name                     | Name for      | · ID Badge   | Birth Year    |                   |
|---|-------------------------------|---------------|--------------|---------------|-------------------|
| eet Address                               | City                          | State         | Zip          | Email Address |                   |
| me Phone (Landline)                       | Work Phone                    |               | Cell Phone   |               | Parish you attend |
| neck if any specific nee<br>ease explain: | eds: □ Dietary/Allergy □ Medi | cal □ Physica | I □ Financia | l Assistance  | Tee-Shirt Size:   |
| <b>Emergency Contact:</b>                 |                               |               |              |               |                   |
| (Must be provided)                        | Name                          |               |              | Relations     | hip               |
|   |                               | Phone         |              | eMail address |                   |

Date