



ACTS Retreat for Women

Sponsored by: **St. Luke Parish**

Held at: **Immaculate Conception Convent, Putnam CT**

Oct 29 – Nov 1, 2026

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, Oct 29th, a 5:00 pm check-in at St. Dominic Church, Southington, CT. The retreat will end Sunday, Nov 1st at the 11:00 AM Mass at St. Dominic Church. A lunch reception will follow immediately after Mass in the church hall. Transportation to and from Immaculate Conception Convent will be provided.

The cost of the retreat is **\$299**. Full \$299 or Partial \$150 payments by check made **payable to St. Luke 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 a week prior to the retreat by Oct 22nd. 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 as soon as possible to reserve a space, but no later than May 9th. You will receive a letter within two weeks of the retreat describing the necessities you should bring.

Bea Zavorskas	Retreat Director - (860) 620-2427	bzstinger@gamil.com
Bev Montana	Co-Director - (860) 384-0563	BevMonty2@cox.net
Paula O’Neil	Co-Director - (860) 378-4488	paula.oneil52@gmail.com

Please send your completed registration form and payment to:

St. Luke Parish, 99 Bristol St, Southington CT 06489 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: Oct 29 – Nov 1 2026

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

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

Please explain: _____

Emergency Contact: _____	
(Must be provided)	Name
_____	Relationship
_____	_____
Address	Phone
_____	Email address
The emergency contact will be contacted prior to the retreat to ensure we receive working information	

I have enclosed my deposit of \$150.00

I have enclosed full payment of \$299.00

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