



ACTS Retreat for Women

Sponsored by: Our Lady Queen of Peace Parish, Coventry & Storrs, CT

Held at: Immaculate Conception Retreat Center, Putnam CT

May 28, 2026 – May 31, 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. **retreat begins Thursday evening, May 28, 2026, with a 5:00 PM check-in at St. Mary Church, 1600 Main St., Coventry, CT.** Participants will then be transported to Immaculate Conception Retreat Center, Putnam CT for the remainder of the retreat. The retreat will end Sunday, May 31, 2026, at the 10:30 AM Mass at St. Mary Church. A reception will follow immediately after Mass in the church hall. Transportation to and from the retreat center will be provided.

The cost of the retreat is **\$295.00**. If you cannot pay in full at this time, a **deposit of \$100.00 payable to “ACTS Willimantic Core”** 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 it with one of the directors listed below. Financial difficulties should not prevent anyone from attending. A limited amount of “need based” assistance is available.

Please submit your registration by Thurs, May 14, 2026.

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 before, will be placed on a waiting list to give priority to first-time Retreatants.**

For more information, contact:

Mary Cross, Retreat Director at 860-872-3511 or email at mkcgardening@comast.net

REMEMBER – Write checks to **“ACTS Willimantic Core”** with **“Women’s Retreat”** in the memo.

Send your completed registration form & check payment to:

Mary Cross, 11 Sutton Dr., Vernon, CT 06066 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 28 – 31, 2026

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 needed

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 \$ _____

I have enclosed full payment of \$295.00

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 _____