ACTS Retreat for Women

Sponsored by: **St. Luke Parish**
Held at: **Immaculate Conception Convent, Putnam CT 06260**

October 29-November 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, October 29th, with a 5:00 pm check-in at St. Dominic Church, Southington, CT. The retreat ends Sunday, October 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 is provided.

The cost of the retreat is **$325.** Full $325 or Partial $162.50 payments by check can be made **payable to St. Luke Parish** and submitted with this form to reserve your place. In the memo section of your check, note **"Women's ACTS Retreat."** Full payment is due Oct 22nd, one week prior to the retreat. 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.

You will receive a letter within two weeks of the retreat describing the necessities you should bring.
Please submit your application as soon as possible to reserve a space, but no later than Oct 22nd..

Bea Zavorskas, Retreat Director - (860) 620-2427 bzstinger@gmail.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: October 29-November 1, 2026

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

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

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 $162.50 ☐ ***I have enclosed full payment of $325.00*** ☐

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 _____