Immaculate Conception Dardenne Prairie
Women's ACTS Retreat Registration
June 26 – 29th
LaSalle Retreat Center
2101 Rue De LaSalle,
Glencoe, MO 63038

Immaculate Conception Church invites you to attend an extraordinary ACTS weekend retreat. ACTS stands for Adoration, Community, Theology and Service. The weekend offers the opportunity to renew your spirituality and prayer life, to strengthen your faith and your relationship with God and build lasting friendships among members of your parish community. The retreat is presented by ICD women and a mission team of women from other parishes in St. Louis.

The retreat begins on Thursday evening with check-in at 5:45 at Immaculate Conception Church, and ends on Sunday with a reception in the Parish center following the noon mass. Your families are invited to the return mass and reception. Transportation to and from the LaSalle Retreat Center will be provided for all retreatants. Cost for each retreatant is $280.00 with a **$50.00 deposit** that should be submitted with the registration form in order to reserve your place on the retreat. The balance is due at the Thursday check-in before the retreat begins.

PLEASE NOTE: Financial difficulties should not prevent anyone from attending the retreat. If you are unable to pay part of the fee, or wish to inquire about a scholarship or need further information regarding the retreat, please contact:

Julie Andrews (Director)	Cathy Howell (Co-director)	Lisa Weindel (Co-Director)
314-307-3741	636-734-0993	636-485-5324
jjklmandrews@gmail.com	cathy.howell@icloud.com	lisaweindel86@gmail.com

Approximately 7-10 days prior to the retreat, you will receive a letter describing what to bring with you for the weekend.
Please submit this form and your registration fee (payable to Immaculate Conception Church) to:

Immaculate Conception Church Women's ACTS retreat
Attn: Julie Andrews
7701 State Hwy N
Dardenne Prairie, MO 63368

Name: _____ Email:_____

Name as you would like on your name tag:_____

Street Address:_____ City.State.Zip:_____

Home Phone:_____ Cell Phone:_____

Dietary Restrictions (allergies), please specify:_____

Medical needs/physical restrictions (ex. Assistance with medical care needed, difficulty with stairs or walking, visual or hearing difficulty, etc.) please specify:_____

What accommodations might you need: _____

Emergency Contact:_____ Home Phone:_____

Cell Phone:_____ Email: _____

Family/Closest Friend:_____ Home Phone:_____

Cell Phone:_____ Email: _____

Originating Parish:_____