



St Mark the Evangelist Catholic Church

Men's ACTS Retreat

February 27 – March 2, 2025

"For from the fullness of the heart the mouth speaks." Lk 6:45

You are invited to attend this Men's ACTS Retreat. Come; deepen your relationship with Jesus Christ, renew yourself spiritually, and experience the fellowship of the St. Mark Community. This Retreat is open to men from all denominations.

The retreat begins **Thursday evening, February 27** and ends **Sunday, March 2** with our return to the 12:00 noon Mass at St. Mark the Evangelist Catholic Church. Round trip transportation is provided for all retreatants, leaving Thursday evening from St. Mark's Church.

The cost for the retreat is \$230. Please enclose a deposit of \$50.00 with this registration form or the full \$230 if you are able. The remaining \$180 is due Thursday, February 27 at check-in. Make checks payable to: **St. Mark's Men's ACTS.**

Please note: Financial difficulties should not prevent anyone from attending the retreat. Scholarships are available for St. Mark's parishioners. A minimum of \$50 deposit is required for Scholarships. Scholarship Forms are available by contacting:

Director
Tom Contreras
210-789-6394

Co-Director
Joe Kissling
210-385-5830

Co-Director
Mark Rizzo
210-643-6081

Please mail or deliver your registration form and fee to: **Men's ACTS Retreat**, C/O St. Mark the Evangelist Catholic Church, 1602 Thousand Oaks Dr., San Antonio, TX 78232-2398. Registration.

You will receive a letter 10-14 days prior to the retreat that will list the items you should bring with you for the retreat. If you need any additional information about this retreat, please contact one of the directors listed above.

Name: _____ Address: _____
Cell # _____ Home # _____ Work # _____
Email Address: _____

Please provide contact names for emergencies:

1. Name: _____ Hm Phone: _____ Cell/Work: _____ Relationship: _____
2. Name: _____ Hm Phone: _____ Cell/Work: _____ Relationship: _____

What is the name of the parish or church you attend and where is it located? _____

Please list **any medical or dietary** needs that you may have during the retreat. _____

T-Shirt Size: _____ Do you have trouble climbing stairs or need any special accommodations? YES___ NO___

I have included my registration fee of: \$ _____ Date received: _____

(To be entered by person receiving the form.)