

Women's Retreat Registration Form

March 13th - 16th, 2025

Beginning Thursday evening with a "send-off" celebration and concluding Sunday in fellowship following Mass at 10:30 am

For more information or to register, please visit: www.actsroseville.org Questions? Kindly call Marisol Duran: (916) 289-4048 or email: marisoldbv@gmail.com

Retreat cost: \$300.00

To secure your reservation, please deliver
This completed form with a \$150.00 deposit to:

Saint Rose of Lima Catholic Church 615 Vine Avenue Roseville CA, 95678

Please make checks payable to St. Rose of Lima (ACTS).
Reservations are first come, first reserved.

WELCOME!

We are excited you are attending an ACTS retreat weekend.

Prayerfully presented by the parishioners of St. Rose Catholic Church: the intent is to deepen your relationship with Jesus Christ; renew your spirituality; awaken your prayer life; bring greater awareness to Sunday liturgy, and; build friendships with members of your community.

Any woman age 19 or older is WELCOME.

Do not miss out; space is limited.

Name:						
Address:						
City: State: Zip:						
Email:						
Phone: ()			Mobile phone: ()		Work: ()	
Emergency Co	ontact					
Name:			Mobile phone: ()		Email:	
Please list thr	ee people who r	may be contact	ted:			
Name:			ile phone:		Email:	
Name:						
					Email:	
Your Parish/Church:			Person who invited		you:	
Medical/Diet	ary Needs:					
T-shirt size:	(Please check your size)					
Small	○ Medium	○ Large	\bigcirc XL	○XXL	Other:	
			For Offic	e Use Only:		
Deposit Paid:	eposit Paid: Check/Cash:		Date/Time:		R'cvd. By:	