



St. Joseph Men's ACTS Retreat

October 14 – 17, 2021

You are invited to a weekend of spiritual development and faith renewal. Catholic lay people present the ACTS weekend retreat with spiritual direction provided during the weekend. The retreat's goals are to allow an opportunity for men to focus on their faith and its application in their daily lives, to build purpose in their prayer life, to increase their presence at the liturgy and to cultivate friendship among members of the church community. Transportation, food, and fellowship are included.

The retreat is a Catholic retreat and will be held at the Briarwood Retreat Center.

Open to all adult men of any faith.

The retreat begins on October 14 (Thursday) with check-in from 5:30pm -6:30pm at St. Joseph Catholic Church in Richardson, Texas. It ends on October 17 (Sunday) after the 12:30pm closing Mass at St. Joseph's, followed by a reception. You will receive a letter prior to the retreat with complete information.

If you have any questions or need additional information, please contact:

Alfonso Urrutia Director 214-718-6997 alfonso.urrutia@yahoo.com	Keith Black Co-Director 214-922-1912 tkeithblack@gmail.com	Tom Palacios Co-Director 972-816-5906 tompalacios17@gmail.com
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Cost for each participant is \$210.00. A deposit of \$60.00 is all that is required to reserve your place. The remaining balance is payable at any time up to the Thursday evening at check-in. Financial difficulties should not prevent anyone from attending the retreat. There is limited financial assistance available. Financial arrangements can be made by contacting the directors listed above.

Please return the completed registration form with the deposit fee of \$60 to:

St. Joseph Catholic Church
600 S. Jupiter Road, Richardson, TX 75081
Make checks payable to: St. Joseph ACTS

Please detach and return the bottom portion with registration fee

October 14 - 17, 2021 SJCC ACTS Men's Retreat Registration Form

(Please print clearly)

Name: _____ Email Address: _____

Address: _____ City: _____ Zip _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Allergies: _____ Birthday (year optional): _____

Specific medical/dietary needs for the retreat weekend: _____

Parish or Church you attend: _____

Name of family member or friend also attending this same retreat: _____

Name of Spouse or Significant Other: _____

EMERGENCY CONTACT PERSON: _____

Relationship: _____ E-mail address: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____