Adoration

Community

Theology

Service

SAINT ROSE
CATHOLIC CHURCH

"Humble yourself......

and you will find

favor with God"

Sirach 3:18

Women's Retreat
August 29– Sept 1, 2019

Saint Rose Women's ACTS Retreat
Weber Retreat Center, Adrian, MI

ACTS Retreat Registration August 29– September 1 2019

Saint Rose Parish is now accepting applications for the first ever ACTS retreat weekend for women. This parish-based retreat offers the opportunity to renew your spirituality, to strengthen your faith and its application in your daily life, and to build lasting friendships. It is presented by your fellow parishioners, with the help from the ACTS Community in Little Flower Parish in Toledo and from Saint Louis, Missouri.

The retreat begins Thursday evening, August 29, with check-in at 6:00 pm at Saint Rose Church.

Transportation will be provided to and from the retreat center in Adrian, MI. The retreat concludes at the 12:00 noon Mass on Sunday (Saint Rose), with a reception following. Approximately 7-10 days prior to the retreat, you will receive a letter describing what to bring with you (clothing, reading material, etc.) for the weekend.

The cost of the retreat is $225.00. A deposit of $75.00 is requested to reserve your place, and the remaining balance ($150) is to be paid Thursday evening at the beginning of the retreat. Please send your completed registration form, along with the deposit to:

Saint Rose Parish
Attn. Tom Hagerty
215 E. Front St.   *Make checks payable to
Perrysburg, OH 43551   Saint Rose Parish

   PLEASE NOTE: Financial difficulties should not prevent anyone from attending this retreat. If you wish to inquire about a scholarship or need more info, please contact:

Tom Hagerty
419-874-4559

Your Name: _____

Parish: _____

Name as you want it to appear on your name tag: _____

Address: _____

City: _____   Zip: _____

Home Phone: _____   Work/Other Phone: _____

Your E-mail address: _____

Emergency Contact #1: _____

Relationship: _____

#1 Phone: _____ #1 Emergency Contact's Cell: _____

Emergency Contact #2: _____

Relationship: _____

#2 Phone: _____ #2 Emergency Contact's Cell: _____

Please list any special physical, dietary, medical or other needs for the retreat weekend:

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