

St Jude Thaddeus Men's ACTS Retreat June 29 – July 2, 2017

ADORATION • COMMUNITY • THEOLOGY • SERVICE

"Anyone who welcome you welcomes me..." Matthew 10: 40

You are invited to attend a spirit filled weekend, sponsored by St Jude Thaddeus, on June 29-July 2, 2017, at the Bosque Conference & Retreat Center, 6400 Coors Blvd NW, Albuquerque, NM. The retreat will commence Thursday June 29 at 5 PM and conclude Sunday July 2 at 2 PM after the 11:00 Mass and reception at St. Jude Thaddeus in the Parish Hall. The goals of the weekend are to deepen your relationship with Jesus, to be renewed spiritually and build rewarding friendships.

For more information contact: Ralph Gallegos, Director, rp6gallegos@gmail.com, 505-545-2033; Robert Tarin, Co-Director, robtarin@gmail.com, 505-720-9901; Martin Luevano, Co-Director martinluevano@gmail.com, 505-321-5607; or Hank Dominguez, Mentor, hankdominguez@q.com, 505-321-4312

Cost of the Retreat is \$125.00, which covers room, meals, supplies, and materials

Registration is first come, first served.

\$50.00 NON-REFUNDABLE REGISTRATION FEE MUST ACCOMPANY REGISTRATION and is due by June 4, 2017. BALANCE OF \$75.00 WILL BE DUE AT CHECK IN ON THURSDAY, June 29, 2017

Please do not let the fee prevent you from attending. Some scholarship money may be available. You will receive a letter prior to the retreat with specifics: check-in schedule, list of items to bring, etc.

*Please return the registration below, along with your \$50.00 non-refundable deposit to:
St Jude Thaddeus Catholic Church, Attn: ACTS, 5712 Paradise Blvd NW, Albuquerque, NM 87114*

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NAME - (PLEASE PRINT)	E-MAIL ADDRESS PLEASE PRINT CLEARLY
STREET ADDRESS	CITY, STATE, ZIP CODE
HOME PHONE WORKPHONE	CELL PHONE BIRTHDAY MONTH/ DAY
PARISH OR CHURCH YOU ATTEND	CITY, STATE
SPECIAL DIETARY OR MEDICAL NEEDS	ARE YOU ABLE TO CLIMB STAIRS? YES ___ NO ___ CAN YOU WALK OR STAND FOR UP TO 20 MINUTES? YES ___ NO ___ ARE YOU A SMOKER? YES ___ NO ___
SPOUSE OR EMERGENCY CONTACT NAME	CONTACT PERSON'S E-MAIL ADDRESS
HOME PHONE WORKPHONE	CELL PHONE RELATIONSHIP TO RETREATANT
2nd EMERGENCY CONTACT NAME	2nd CONTACT'S E-MAIL ADDRESS
HOME PHONE WORKPHONE	CELL PHONE RELATIONSHIP TO RETREATANT

List any known allergies to foods, pollens, etc.:

Received by: _____ Date & Time Received: _____