



YOUR INVITATION TO AN ACTS RETREAT

Sponsored by Holy Family Catholic Church



*“Whoever exalts himself will be humbled,
and the one who humbles himself will be exalted.”* Luke 10:14

We would like to invite you to join us for an extraordinary weekend. This experience will take place October 23rd thru October 26th, 2025 at the Spiritual Renewal Center. It will be an opportunity for spiritual renewal and the making of many friends.

The goals of the retreat are to allow an opportunity for each person to focus on their faith and its application during 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.

The Retreat begins Thursday evening, October 23rd, with check-in at 6 pm, and ends Sunday, October 26th with a meal of fellowship in Holy Family Activity Center following the 11 am Return Mass. Round trip transportation to and from the Retreat Center will be provided for all retreatants.

Cost for each retreatant is \$188. A deposit of \$25 must be submitted with this form in order to reserve your place on the retreat. The balance is due at the Thursday check-in before the retreat begins. **PLEASE NOTE:** Financial difficulties should not prevent anyone from attending the Retreat. If you are unable to pay part of the fee, or need further information regarding the Retreat, contact **Joe Mejia at 361-550-0729.**

Approximately 7-10 days prior to the Retreat, you will receive a letter describing the necessities, which you will need for the Retreat. Please call if you have any questions or need additional information. Please detach and return the bottom portion to the address below and make check payable to Holy Family Church or it may be paid online on the Holy Family Website at hfccvic.org.

Please return your registration form and fee to:

**Holy Family of Joseph, Mary & Jesus Roman Catholic Church
704 Mallette Drive
Victoria, Texas 77904-3350**

REGISTRATION AND INFORMATION FORM

Holy Family Men’s ACTS Retreat – October 23-26, 2025

Name:	Birthday Month / Day
Name as you want it to appear on your name tag	
Address	City / State / Zip
Primary Phone (WORK / CELL / HOME)	Email Address
EMERGENCY CONTACT PERSON #1	RELATIONSHIP
Emergency Contact Person #1 Address	Emergency Contact Person #1 Phone
EMERGENCY CONTACT PERSON #2	RELATIONSHIP
Emergency Contact Person #2 Address	Emergency Contact Person #2 Phone
Allergies	Special Diet
Any other dietary, medical or other needs for the weekend.	