



St. Mark the Evangelist Catholic Church Women's ACTS Retreat

May 21-24, 2026

"Peace be with you. As the Father has sent me, so I send you." John 20:21

Registration Form

St Mark's presents the 2026 Women's ACTS retreat weekend May 21-24, 2026. The goal of the retreat is to deepen your relationship with Jesus Christ, renew yourself spiritually, and give new meaning to prayer life. This retreat is open to women from all denominations.

The retreat begins **Thursday evening, May 21st, and ends Sunday, May 24th**, following the 12:00pm Mass at St. Mark The Evangelist. After Mass there will be a gathering at the church for light refreshments and fellowship. Round trip transportation is provided for all retreatants, leaving on Thursday evening from St. Mark's Church. The cost for the retreat is **\$245.00**. Please enclose \$245.00 or a deposit of \$50 with this registration form. If a deposit is made, the remaining amount of \$195.00 is due at the Thursday, May 21st check-in. Make checks payable to St. Mark's Women's ACTS.

Please note: Financial difficulties should not prevent anyone from attending the retreat. If you are unable to pay all or part of the fee, financial arrangements can be made by contacting one of the following:

Director
Jessica Vacca
(210) 548-5762

Co-Director
Brooke Byers
(210) 216-8487

Co-Director
Lori Martinez
(210) 602-3211

Please mail or deliver your registration form and fee to (payable to St. Mark's Women's ACTS):

Women's ACTS Retreat c/o St. Mark the Evangelist Catholic Church, 1602 Thousand Oaks Drive, San Antonio, TX 78232-2398

You will receive a letter 10 to 14 days prior to the retreat that will list the items you should bring with you for the retreat. If you need any additional information regarding the retreat, please contact one of the directors listed above.

RETREATANT NAME:	ADDRESS:	
Cell #:	Alternate Phone #:	Email Address:

Please provide contact names for emergencies: (Family and/or friends)

1. Name: _____ Hm Phone: _____ Cell/Work: _____ Relationship: _____

2. Name: _____ Hm Phone: _____ Cell/Work: _____ Relationship: _____

What is the name of the parish or church you attend and where is it located?

Please list any medical or dietary needs that you may have during the retreat.

T-Shirt size _____ Do you have trouble climbing stairs or need any special accommodations? Yes / No

Your name will be included on a prayer list prior to the retreat.

I have included my registration fee of: \$ _____ Date Received: _____
(To be entered by form recipient)