



The vision of ACTS HOPE Ministry is to cultivate hope and foster spiritual enlightenment through health, peace and empathy. Sanctioned by ACTS Missions of San Antonio, we are dedicated to spreading the Gospel of Jesus Christ by facilitating Weekend ACTS Retreats for both men and women who may not otherwise be able to attend a mainstream Retreat due to special healthcare services.

ACTS HOPE Retreats are presented by men and women who have previously attended ACTS Retreats, and consist of four days and three nights. A Spiritual Director helps guide all activities which focus on **A**doration, **C**ommunity, **T**heology, and **S**ervice, from which the **ACTS** acronym is derived. Our goals at ACTS HOPE are to renew spirituality, strengthen faith, and create lasting and supporting friendships with fellow members of the community.

The ACTS HOPE Weekend Retreat will take place
January 20-23, 2011, at the Oblate Renewal Center in San Antonio.

- Retreat Check-In: Thursday, January 20th, 6:00 PM at Marian Mission Hall, behind the Oblate School of Theology, 285 Oblate Drive, San Antonio, Texas 78216
- Homecoming Mass: Sunday, January 23rd, 12:00 PM, Oblate School of Theology Chapel
- Reception: Approximately 1:30 PM, Oblate Renewal Center Cafeteria
- Cost in full: \$150.00 (any amount is greatly accepted and will go toward your registration)
- Registration Form Due Date: January 14, 2011

If you require financial assistance, please contact Joel Bazán at (210) 862-1083, or via email: treasurer@actshopeministry.org

To reserve your spot, please fill out and mail in the registration form below to ACTS HOPE, 1633 Babcock, # 128, San Antonio, Texas, 78229-4725.

If making a partial payment for your registration fee, make it payable to "ACTS HOPE Ministry."

If you have further questions about the retreat, please call:

Director: Albert Guerra, (210) 863-3303, director1@actshopeministry.org

Co-Director: Lucy Delgado, (210) 697-8798

Co-Director: Belinda Martin, (210) 379-6303

Health Care Coordinator: Bill Hickey, (210) 837-3710, medical@actshopeministry.org

Please fill out the form below, and mail it to the address provided.

ACTS HOPE Retreat: January 20-23, 2011

(All information submitted will be kept confidential)

Name: _____ Age: ____ Sex: m/f Marital Status: _____ T-Shirt Size: ____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: (____) _____ - _____ Work Phone: (____) _____ - _____

E-Mail Address: _____

Parish/Church: _____

In Case of Emergency, Contact: _____ Relationship: _____

Home Phone: _____ Work Phone: _____

Special/Medical Needs: (Wheelchair access, Diet, Medications, etc.) _____

Cost of the Retreat: \$150.00

- I have enclosed \$ _____ toward my registration fee.
- I will contact ACTS HOPE regarding my financial situation.

Mail form to:

ACTS HOPE Ministry

1633 Babcock, # 128

San Antonio, TX 78229-4725