

ACTS Missions St. Louis Retreat Training Registration Form



Date: Saturday October 6, 2018

Time: 8:15am – 4:00pm

Place: Holy Redeemer- 17 Joy Ave, St. Louis, MO 63119

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

E-mail Address: _____

Home Phone: _____ Cell Phone: _____

Parish Name: _____

Month/Year you were a retreatant on your ACTS retreat: _____

Reason for Attending/Role:

_____ Director _____ Co-Director _____ Spiritual Director/Companion

_____ Team Member _____ Core Member _____ Just want to learn more

Registration fee of \$25 per person includes lunch.

Please make checks payable to *ACTS Missions St. Louis Chapter*

Mail this registration form with payment to:

Dona Hannan
4384 Contessi Manor Ct.
St. Louis MO 63128

If you have any questions regarding this workshop, please contact:
Dona Hannon, 314-894-4337, mdhannon@sbcglobal.net

Note: When we receive your registration form and payment, we will send you a confirmation via e-mail.