



# MEN'S ACTS RETREAT

Hosted by St. Thomas Aquinas, Derry, NH

April 24 – 27, 2025

Held at St. Methodios Faith & Heritage Center, Contoocook, NH

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**“Blessed are those who have not seen and have believed.” - John 20:29**

You are invited to join us for a spiritually uplifting weekend. Set aside some time for God and yourself. Get away from your usual busy schedule by joining men, like yourself, wise enough to seek His answers to life, family and eternity. ACTS is an acronym for Adoration, Community, Theology and Service. The weekend is an opportunity to strengthen your faith, renew yourself spiritually, and establish friendships with some great men. All men aged 21 and older are encouraged to attend.

**Check-in** is 5:30pm - 6:00 pm at St. Thomas Aquinas, Crystal Avenue, Derry, NH on Thursday, April 24, 2025. Transportation is provided to and from the Retreat Center. We will return to St. Thomas on Sunday, April 27<sup>th</sup> in time for the 10:30 AM Mass. A welcome home reception following Mass will be held in the Aquinas Center.

The cost of the retreat is \$320.00 which includes lodging, food, beverages, and all activities. A registration fee of \$50.00 payable to "St. Thomas Aquinas ACTS" must accompany this form to reserve your place. The balance of \$270 is due at the Thursday evening check-in. **Please Note: Financial difficulties should not prevent anyone from attending the retreat.** Please contact one of the names below if you have questions or if you need assistance. Approximately 7- 10 days prior to the Retreat, a letter describing the necessities you should bring will be sent to you. We look forward to having you join us!

Please send or deliver your completed registration form and deposit to:

**ACTS Retreat - St. Thomas Aquinas, 26 Crystal Avenue, Derry, NH 03038**

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**Questions and inquiries please contact:**

<b>Stephen George, Director</b> (603) 818-3938 <a href="mailto:Stephengeorge1962@gmail.com">Stephengeorge1962@gmail.com</a>	<b>Paul Puzyn, Co-Director</b> (978) 569-4679 <a href="mailto:ppuzyn@yahoo.com">ppuzyn@yahoo.com</a>	<b>Tommy Fabiano, Co-Director</b> (978) 337-1078 <a href="mailto:Tfabs123@gmail.com">Tfabs123@gmail.com</a>
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**Please detach and return this section with your deposit. Please print clearly and complete all entries.**

Full Name: \_\_\_\_\_ Name on nametag: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Age: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Your E-mail: \_\_\_\_\_ Parish/Church: \_\_\_\_\_

Please check if any specific needs:  Dietary  Medical  Physical  Financial Assistance

Please explain: \_\_\_\_\_

\_\_\_\_\_

**PLEASE SEE REVERSE SIDE TO PROVIDE EMERGENCY CONTACT INFORMATION**

**Emergency contact 1**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_

E-mail address \_\_\_\_\_

**Emergency contact 2**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_

E-mail address \_\_\_\_\_

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**Deposit enclosed:** \$ \_\_\_\_\_  Cash or  Check no. \_\_\_\_\_

Team Member:

