

ACTS Missions St. Louis Chapter Retreat Workshop

Registration Form



Workshop Date: Saturday, July 13, 2019
Time: 8:15am – 4:00pm
Place: St. Simon the Apostle
11011 Mueller Rd, St. Louis, MO 63123
Registration deadline for this workshop: July 9, 2019

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:
Peggy Baker
2818 Westminster Dr Florissant, MO 63033

If you have any questions regarding this workshop, please contact:
Peggy Baker
mkpabaker@aol.com

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