Our vision and our mission is to share our faith, our hope, and our unconditional love.

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***Our New HOPE Weekend Retreat will take place June 14-15, 2024.***

***The retreat will be at the Oblate School of Theology in the Whitley Center.***

**• *Check-In*: Friday, June 14th, at 7:45am at the Marian Mission Hall, *behind the Oblate School of Theology,* *285 Oblate Drive, San Antonio, Texas 78216****.*

• ***Homecoming Mass* *and Closing*: Saturday June 15th, at 6:00 PM** **in the**

**Oblate School of Theology Immaculate Conception Chapel (next to the school)**

**• *Cost of Retreat:*  $100.00** ***(A $50 deposit is required with application)***

**• *Due Date:* June 1st, 2024**

**Please contact Joel Bazán at (210) 862-1083 for any information regarding financial assistance.**

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***To assure your reservation*,** please fill out the application **(*include $50 deposit***) and ***mail to*** :

**ACTS HOPE (attn: Albert Guerra), 1801 Martin Luther King #133, San Antonio, TX 78203.**

**Checks** payable to: **ACTS HOPE**

***(CashApp or PayPal accepted, please call Albert Guerra at 210.863.3303 for more details).***

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***For more information about the retreat, please call:***

**Director: Brenda Bernal, (210) 213-3494**

**Co-Director: JoAnn McRae, (210) 426-8336**

**Co-Director: Leo Contreras, (210) 213-4043**

***\*Attendance is required for both days and an overnight stay will be required.***

***\*Accommodation will be made at Drury Plaza Airport.***

***\*Hotel accommodation is included with the application fee.***

***Please fill out the form and mail to the address provided****.* ***Due date is June 1, 2024***

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| --- | --- | --- | --- | --- |
| **Application Form** *(please print)*  **HOPE Retreat: June14-15, 2024**  (*All Information submitted will be kept confidential*) | | | | |
| ***Mail Form to****:*  ACTS HOPE attn: Albert Guerra  1801 Martin Luther King #133,  San Antonio, TX 78203  **CONTACT INFORMATION** | | | | |
| **Name:** | | | | |
| **Street address:** | | | **City, State, Zip:** | |
| **Home Phone:** | | | **Cell Phone:** | |
| **Email:** | | | | |
|  | | | | |
| **Age** | **Gender** |  | | **T-shirt Size** |
| **Special/Medical Needs: (Diet/Wheelchair access/medication needs)** | | | | |
| **EMERGENCY CONTACT INFORMATION** | | | | |
| **Name:** | | | **Relationship:** | |
| **Home Phone:** | | | **Cell Phone:** | |
| **How did you hear about our retreat?** | | | | |
| **RETREAT COST $100** | | | | |
| ***$50.00 required with application***  **I have enclosed $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **I will pay the balance $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **I will contact Joel Bazan regarding my financial situation 210-862-1083** | | | | |
|  | | | | |