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.**

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***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 Guerra1801 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** |
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