

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

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.

- <u>Check-In</u>: Friday, June 14th, at 7:45am at the <u>Marian Mission Hall</u>, behind the Oblate School of Theology, 285 Oblate Drive, San Antonio, Texas 78216.
- <u>Homecoming Mass and Closing</u>: 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)

• <u>Due Date</u>: June 1st, 2024

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

<u>To assure your reservation</u>, 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).

For more information about the retreat, please call:

Director: Brenda Bernal, (210) 213-3494

<u>Co-Director</u>: JoAnn McRae, (210) 426-8336

<u>Co-Director</u>: 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.

Application Form (please print)

HOPE Retreat: June14-15, 2024

(All Information submitted will be kept confidential)

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ACTS HOPE attr				
	1801 Martin Luther King #133, San Antonio, TX 78203			
		CT INFORMATION		
Name:				
Street address:		City, State, Z	ip:	
Home Phone:		Cell Phone:	Cell Phone:	
Email:				
Age	Gender		T-shirt Size	
Special/Medical	Needs: (Diet/Wheelch	 nair access/medica	ation needs)	
Special/Medical Needs: (Diet/Wheelchair access/medication needs)				
	EMERGENCY (CONTACT INFORM	IATION	
Name:		Relationship	Relationship:	
Home Phone:		Cell Phone:		
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How did you he	ar about our retreat?			
		EAT COST \$100		
\$50.00 required	with application			
☐ I have enclose	ed \$			
☐ I will pay the k	palance \$			
☐ I will contact .	Joel Bazan regarding	my financial situat	tion 210-862-1083	
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