



ACTS Retreat for Women

*Sponsored by: St. John Paul II & Guardian Angels Parishes
Held at: Immaculate Conception Retreat Center, Putnam CT
April 23-26, 2026*

Catholic women present an ACTS weekend retreat under guidance of clergy. The goals of the retreat are to strengthen your faith and its application in your daily life, to renew yourself spiritually, and to build community through lasting friendships. The retreat begins Thursday evening, April 23rd with a 5:00 pm check-in at St Patrick Church, East Hampton, CT. Participants will then be transported to Immaculate Conception Retreat Center, Putnam CT for the remainder of the retreat. The retreat will end Sunday, April 26th at the 10:00 Mass at St. Partick’s Church. A reception will follow immediately after Mass in the church hall. Transportation to and from the retreat center will be provided.

The cost of the retreat is **\$295.00**. If you cannot pay in full at this time, a deposit of **&147.50**, made **payable to St. John Paul II Church** and submitted with this form will reserve your place. In the memo section of your check, note **“Women’s ACTS Retreat”**. The remaining balance will be due at the Thursday evening check-in. If you have never attended an ACTS retreat and the cost of the retreat is a concern, please discuss with one of the directors below. Financial difficulties should not prevent anyone from attending. A limited amount of “need based” assistance is available.

Please submit your application by April 16th. You will receive a letter within two weeks of the retreat describing the necessities you should bring. **Note: Women that have been on an ACTS retreat previously will be placed on a waiting list to give priority to first-time Retreatants.**

Cheryl Laporte Retreat Director - (860)-428-9580 calaporte48@gmail.com
Deb Leone, Co-Director - (860) 608-9038 debbadoo4@outlook.com
Kathy Smolenski, Co-Director - (860) 334-5719 3smos@sbcglobal.net

**Please send your completed registration form and payment to:
Kathy Smolenski, 116 VanCedarfield Road, Colchester, CT 06415 Attn: Women’s ACTS Retreat**

PLEASE DETACH AND RETURN THE BOTTOM PORTION TO THE ABOVE ADDRESS.

Please register me for the Women’s ACTS Retreat: April 23-26, 2026

First Name _____ Last Name _____ Name for ID Badge _____ Birth Year _____

Street Address _____ City _____ State _____ Zip _____ Email Address _____

Home Phone (Landline) _____ Work Phone _____ Cell Phone _____ Parish you attend. _____

Check if any specific needs: Dietary/Allergy Medical Physical Financial Assistance

Please explain: _____

Emergency Contact:	
(Must be provided)	
Name _____	Relationship _____
Address _____	Phone _____ Email address _____
The emergency contact will be contacted prior to the retreat to ensure we receive working information.	

I have enclosed my deposit of \$147.50

I have enclosed full payment of \$295.00

I understand that ACTS will collect all retreatants information for quality purposes and testimonials. I also understand that ACTS Missions may contact me after this ACTS Retreat to get feedback on my experience and see if I would like to participate and support future ACTS Retreats. I understand that ACTS will NOT release my personal information to outside agencies.

Initial here to **OPT-OUT** of ACTS follow up initiatives: _____

Retreatant Signature _____

Date _____