

**Little Flower Men's ACTS Retreat  
St. Francis Spirituality Center, Tiffin, OH**

**ACTS Retreat Registration | November 4-7, 2021**

Adoration  
Community  
Theology  
Service

Little Flower Parish is now accepting applications for the **Fall 2021 ACTS** retreat weekend for men. This parish-based retreat offers the opportunity to renew your spirituality, to strengthen your faith and its application in your daily life, and to build lasting friendships. It is presented by your fellow parishioners.

The retreat begins Thursday evening, November 4 with check-in at 6:00 pm at Little Flower Church.

**Transportation will be provided to and from the retreat center in Tiffin, OH.** The retreat concludes at the 11:00 am Mass on Sunday (Little Flower), with a reception following. Approximately 7-10 days prior to the retreat, you will receive a letter describing what to bring with you (clothing, reading material, etc.) for the weekend.

The cost of the retreat is \$225.00. A deposit of \$75.00 is requested to reserve your place, and the remaining balance (\$150) is to be paid Thursday evening at the beginning of the retreat. Please send your completed registration form, along with the deposit to:

**Little Flower Parish  
Attn. Fr. Chris Hudgin  
5522 Dorr Street  
Toledo, OH 43615**

*\*Make checks payable to  
Little Flower Parish.*

*PLEASE NOTE: Financial difficulties should not prevent anyone from attending this retreat. If you wish to inquire about a scholarship or need more info, please contact:*

*Fr. Chris Hudgin OSFS  
419.537.6655  
Fr. Dave Nuss  
419.537.6655*



**Men's Retreat  
November 4-7, 2021**

Your Name: \_\_\_\_\_

Parish: \_\_\_\_\_ Height: \_\_\_\_\_

Name as you want it to appear on your name tag: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

Your E-mail address: \_\_\_\_\_

Emergency Contact #1: \_\_\_\_\_

Relationship: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ #1 Other Phone \_\_\_\_\_

Emergency Contact #2: \_\_\_\_\_

Relationship: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ #2 Other Phone \_\_\_\_\_

Please list any special physical, dietary, medical or other needs for the retreat weekend:

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