Blessed Trinity Shrine Retreat presents the

Annual Men's Retreat

Gospel of St. Luke

Message of Joy and Courage

April 29 – May 1, 2022

Check-in from 6-7pm EST. Retreat begins 7pm EST and ends after Lunch on Sunday.

Description: We are in the Year of St Luke. His gospel gives great guidance and encouragement for a diverse and challenging time. His writings are filled with joy in receiving Jesus and courage in following him. Luke's Gospel is action based. He emphasizes the role of every baptized to live in God's presence and actively participate in Jesus' mission. His is a gospel message for us today.



Presenter: Fr. Guy Wilson, ST, General Counsellor and Pastor. Guy was born in Los Angeles, CA in 1951. He is named after his father and is the oldest of nine. At the age of 12 his family moved to Orange, CA where they became members of the Mission Servant of the Most Holy Trinity Church, La Purisima. At that time the STs served migrant

worker communities. He has 28 nephews and nieces and 26 great nephews and nieces.

He has served in missions in Los Angeles, Compton, Coachella, CA; Tallahassee, FL; Lawtell, LA; Holy Trinity, AL; Bainbridge, GA; Michoacan MX; San Jose Costa Rica; and presently serves in Camden, MS. He serves as a General Counsellor for his Congregation.





Blessed Trinity Shrine Retreat

Peace in the Pines

107 Holy Trinity Road, Fort Mitchell, AL 36856

Fee: \$190.00 per person (includes \$85.00 non-refundable deposit)

Day Hop Fee: \$85.00 per person (includes \$40.00 non-refundable deposit)

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REGISTRATION FORM

Please reserve a place for me on the following retreat:

My Name: (Circle One) M F Mailing Address: City: Zip: Phone: E-mail: Emergency Contact: Name: Phone: Medically Necessary Diet Needs:	Name of Retreat:
Mailing Address: City: State: Zip: Phone: E-mail: Emergency Contact: Name: Phone:	My Name:
City: State: Zip: Phone: E-mail: Emergency Contact: Name: Phone:	(Circle One) M F
Zip: Phone: E-mail: Emergency Contact: Name: Phone:	Mailing Address:
E-mail: Emergency Contact: Name: Phone:	City: State:
Emergency Contact: Name: Phone:	Zip: Phone:
Name:	E-mail:
Phone:	Emergency Contact:
	Name:
Medically Necessary Diet Needs:	Phone:
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Deposit Enclosed: \$_____

Please make checks payable to:

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