## THE WELLSPRING EXPERIENCE

## A LIVE –IN WEEKEND FOR THOSE WHO WANT TO DEAL WITH UNRESOLVED FEELING OF LOSS, SO AS TO MOVE ON

What is WELLSPRING? A safe environment for those who experienced a significant loss, primarily focused on the separation/divorce experience. Issues dealing with loss due to death and other broken relationships are also touched upon. Talks are given by experienced persons on the grief process, anger, aloneness, dealing with baggage, entanglement, forgiveness, wholeness and spiritual growth. There is time for personal reflection and sharing in small groups. Celebration of Sunday Eucharist closes the experience of finding God as source of strength and of recognizing inner resources to move beyond pain.

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WHEN:	October 20th to October 22 <sup>nd</sup>		
	(Friday Evening 7:00pm thru	Sunday about 5:00pm)	
LOCATION:	The Grand Palms Hotel, Spa & Golf Resort		
	110 Grand Palms Drive, Pem	broke Pines, FL 33027	(954) 431-8800
COCT.	\$150,00 (based on deathle see		Cab \$175.00 often October 6th
COST:	\$150.00 (based on double occupancy) until October 6th, \$175.00 after October 6 <sup>th</sup> <b>Payment options available</b>		
	rayment options available		
CONTACT INFOR	MATION: It is required that y	ou speak with one of the	he Wellspring Coordinators
listed below before registering for the weekend. They will help you discern if WELLSPRING is for you			
	i (954) 797-9770 or Bob (954)71		, , , , , , , , , , , , , , , , , , ,
	contact person, either <mark>email r</mark>		gexperience@gmail.com or
	Experience Inc. PO Box 8220		
	, 2017 to secure your place as		
1 0 1	<mark>ce.</mark> You will then receive an a	acceptance letter/email	with more details, including
directions to The Grand Palms Hotel.			
No refunds for cance	llations after October 18th.		
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WELLSPRING EXPERIENCE October 20th – October 22nd, 2017			
Payment Method:	Check ( ) Check #:	Paypal ( ) 🗸	PayPal
Contact person who re	eviewed my readiness: Bob (	) Jean (	)
Name		Cellphone ( )	
Alt DI	,	1	
Alternate Phone (	) Emai	l :	
Addragg		City	_ State ZIP
Address		_ Cny	_ State ZIF
How did you hear about this program? Parish if applicable			
Please check one:	Separated/Divorced ( ) Widowed ( )	Personal alienation from Other loss ( )	ı family/friend ( )
Age Group: Under 3	30 ( ) 31-45 ( ) 46-60 (	) 61-75 ( )	75+ ( )
Ages of children if appl	icable	Are you pres	sently in counseling? Y ( )/N ( )

Any dietary restrictions?