

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.

WHEN: Oct. 4th to the 6th 2019
(Friday Evening 7:00pm thru Sunday about 5:00pm)

LOCATION: The Grand Palms Hotel, Spa & Golf Resort
110 Grand Palms Drive, Pembroke Pines, FL 33027 (954) 431-8800


COST: \$150.00 (based on double occupancy) until Sept. 23rd \$175.00 after Sept. 23rd
Payment options available

CONTACT INFORMATION: It is required that you speak with one of the Wellspring Coordinators listed below before registering for the weekend. They will help you discern if WELLSPRING is for you at this time. Call: Jean (954) 309-8141; Linda (954)558-6151 or Elaine (954)270-4116.

After speaking with a contact person, either email registration to Wellspringexperience@gmail.com or mail it to: Wellspring Experience Inc. PO Box 822023 Pembroke Pines FL 33082-2023 **NO LATER THAN Oct.1st** to secure your place as space is limited. **Please make check payable to: Wellspring Experience.** You will then receive an acceptance letter/email with more details, including directions to The Grand Palms Hotel.

No refunds for cancellations after Oct. 2nd.

WELLSPRING EXPERIENCE Oct. 4th-6th 2019.

Payment Method: Check () Check #: _____ Paypal () 

Contact person who reviewed my readiness: Elaine () Linda () Jean ()

Name _____ Cellphone () _____ - _____

Alternate Phone () _____ - _____ Email : _____

Address _____ City _____ State _____ ZIP _____

How did you hear about this program? _____ Parish if applicable _____

Please check one: Separated/Divorced () Personal alienation from family/friend ()
Widowed () Other loss ()

Age Group: Under 30 () 31-45 () 46-60 () 61-75 () 75+ ()

Ages of children if applicable _____ Are you presently in counseling? Y () / N ()

Any dietary restrictions? _____