

# THE *WELLSPRING* EXPERIENCE

A VIRTUAL WEEKEND FOR THOSE WHO WANT TO DEAL WITH UNRESOLVED FEELINGS 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 a virtual Sunday Mass closes the experience of finding God as source of strength and of recognizing inner resources to move beyond pain.*

**WHEN:** March 12<sup>th</sup> – 14<sup>th</sup>, 2021  
(Friday Evening 7:00pm thru Sunday about 5:00pm)

**LOCATION:** Zoom Platform


**COST:** \$40.00 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: Elaine (954) 270-411, Linda (954) 558-6151 or Richard (954) 830-1201

**After** speaking with a contact person, either email registration to [Wellspringexperience@gmail.com](mailto:Wellspringexperience@gmail.com) or mail it to: Wellspring Experience Inc. PO Box 822023 Pembroke Pines FL 33082-2023 **NO LATER THAN March 5th** to secure your place. **Please make check payable to: Wellspring Experience or call Linda to utilize PayPal or other options.** You will then receive an acceptance letter/email with more details, including how to access the Zoom platform for the weekend.

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## WELLSPRING EXPERIENCE March 12<sup>th</sup> -14<sup>th</sup>, 2021

Payment Method: Check ( ) Check #: \_\_\_\_\_ Paypal ( ) 

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

Name \_\_\_\_\_ Cell phone ( ) \_\_\_\_\_ - \_\_\_\_\_

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 ( )

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