

THE WELLSRING EXPERIENCE

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

What is WELLSRING? 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 for those interested closes the experience of finding God as source of strength and of recognizing inner resources to move beyond pain.

WHEN: June 3rd -5th, 2022 (Friday Evening 7:00pm thru Sunday about 5:00pm)

LOCATION: SEPI Retreat House
7700 SW 56 Street, Miami, FL 33155 (305) 279- 2333

COST: \$200.00 until May 21st. \$225 after May22nd. **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 WELLSRING is for you at this time. Call: Linda (954)558-6151, Elaine (954)270-4116 or Joan (954) 309-8141

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 May 28th** 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 SEPI Retreat House. **No refunds** for cancellations after June 2nd

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Payment Method: Check Check #: _____

Transfers via PayPal or Zelle, to wellspringexperience@gmail.com Payment via Venmo or Cash App also available (please call or text 954-558-6151 for more information)

Contact person who reviewed my readiness: Linda Elaine Joan

Name _____ 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 Any dietary restrictions? _____ Any special arrangements needed (ie first floor, etc.)? _____