

# 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 for those interested closes the experience of finding God as source of strength and of recognizing inner resources to move beyond pain.*

**WHEN:** December 13-15, 2024 (Friday Evening 7:00pm thru Sunday about 5:00pm)

**LOCATION:** Casa San Carlos, 9600 W Atlantic Avenue, Bldg C, Delray Beach, FL 33446

**COST:** 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: Linda (954)558-6151, Elaine (954)270-4116 or Julio (Spanish/English) (202) 288-8921. View our website: [Wellspringexperience.org](http://Wellspringexperience.org)

**After** speaking with a contact person, email registration form, **NO LATER THAN November 28<sup>th</sup> to [Wellspringexperience@gmail.com](mailto:Wellspringexperience@gmail.com)** to secure your place, as space is limited. Please make check payable to: Wellspring Experience. You will then receive an acceptance email with more details, including directions to Casa San Carlos Retreat House.

## WELLSPRING EXPERIENCE

Payment Method: Check  Check #: \_\_\_\_\_

Transfers via PayPal or Zelle, to [wellspringexperience@gmail.com](mailto: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  Julio

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.)? \_\_\_\_\_