

# Widows Retreat



Wednesday-Friday, Sept 25-27, 2019 at:  
Capuchin Retreat  
62460 Mt Vernon Rd  
Washington, MI 48094

The theme of this year's retreat is "Traveling My Own Journey." One of the challenges at a later stage of our life journey may be traveling alone. Traveling, figuratively, can mean many things – respite, retirement, returning to where we grew up, reveling in the beauty of nature. The retreat will have many opportunities to explore our personal and faith journey. (Silence is valued at the retreat. There will be time for sharing.)

1. My History – What do I bring to my Journey? *(just for fun bring a few photos from your past - girlhood, high school, wedding - and we'll display them for a special prize)*
2. My Present – Current life circumstances and events? Caring for myself and others now.
3. My Future - So, what's next? Immediate and long-term choices.

The retreat includes a social on Wednesday evening (6-8 p.m.), prayer services, educational sessions, healing service, Adoration of the Blessed Sacrament, and more. Registration begins Wednesday evening at 5:30 p.m. and our retreat concludes after noon lunch on Friday.

Suggested offering is \$150 which includes all meals. Make your reservations early as there are limited rooms available. Call Capuchin Retreat at 248 651-4826, or you may register on-line at [www.capretreat.org](http://www.capretreat.org).



This year's retreat is facilitated by Shirley Brogan, LPC. Shirley has 27 years of experience working in mental health with a specialty in grief and loss. Shirley received her Master of Arts degree from Oakland University and is a Licensed Professional Counselor.

Shirley is a behavioral health clinician at Oakland Family Services. She also works for Maximum Living Consultants, Inc., facilitating grief support groups held at funeral homes. She is a Christian woman looking forward to helping others share faith and strength at this retreat.

Return the following Registration information with non-refundable \$50 deposit to Capuchin Retreat.

Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
(for name badge)

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Special Needs (diet, handicap, room preference, etc) \_\_\_\_\_

Emergency Contact: Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_