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 5-7, 2025 (Friday Evening 7:00pm thru Sunday about 5:00pm)

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

COST: $350 (Includes room, all meals & materials) 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.

After speaking with a contact person, email registration form, **NO LATER THAN December 1st** to **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.

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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 ( ) Julio ( )
Name_____ Phone ( )_____-_____
Alternate Phone ( )_____-_____
Email: _____
Address _____ City_____ State_____ ZIP _____ How did you hear about this program? _____
Name of Parish if applicable _____
Please check one: Separated/Divorced ( ) 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, hearing, vision etc.)_____