



# Day of Rest & Healing

## Personal Retreat Day Request – Summer/Fall 2023

### at the Bergamo Center for Lifelong Learning

The Bergamo Center welcomes individuals seeking a personal day of retreat. In the interest of creating the best contemplative environment for a Personal Retreat Day of Rest & Healing the Center selects and offers a certain day each month for personal retreats. This opportunity is for anyone who needs to lay down stress and recenter themselves. Come for a mostly unstructured time of stillness, prayer, creative reflection, time in nature with optional spiritual direction.

Please complete the following request form and submit two weeks ahead of your desired personal retreat day at the Bergamo Center. There are no guarantees that the Center can accommodate all requests for individual retreats. The recommended offering for this Day of Retreat is \$50 which includes a box lunch. Please share any dietary restrictions below. The opportunity for Spiritual Direction is offered at an additional cost.

**Day of Retreat Sample Schedule:**

- 9:00** Arrival, Visit Room, short self-guided tour  
AM Optional Spiritual Direction, Use of Mary Mother of Mercy Chapel
- 12:00** Lunch  
PM Optional Spiritual Direction, walk the trails, labyrinth, Grotto, Sculptures, Room rest
- 4:00** Close the day

**Optional Dates for Individual Retreats in 2023 (Please Circle Selected Date):**

Weds. July 5      Weds. Aug. 9      Thurs. Oct. 19      Thurs. Nov. 2      Mon. Dec. 11

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

City/State Zip \_\_\_\_\_ Email \_\_\_\_\_

Denomination \_\_\_\_\_ Diocese \_\_\_\_\_

Your position (paid or volunteer) within the Church \_\_\_\_\_

**Clergy** are asked to attach a letter of suitability from their bishop or religious superior. Samples from the USCCB may be used as a model: <http://trcri.org/sites/default/files/suitabilityltrs.pdf>

**Spiritual Direction** Are you interested in the opportunity for Spiritual Direction for an additional fee?  Yes  No

**Needs** (Please list any health concerns or dietary, accessibility needs): \_\_\_\_\_

Are you interested in any of the outdoor spiritual attractions? \_\_\_\_\_

**Please list 2 references/emergency contacts:**

	Reference/Emergency. Contact Name	Position	Email	Phone
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____

**Retreat Plan** – Briefly share a rough outline of the plans for your personal retreat.

\_\_\_\_\_  
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Signature \_\_\_\_\_ Date \_\_\_\_\_