# Day of Rest & Healing

## Personal Retreat Day Request – Summer, Fall 2024



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 \$55 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

4:30 Close the day

### Optional Dates for Individual Retreats in 2024 (Please Circle Selected Date):

Tues. May 21	Weds. June 5	Thurs. July 18	Fri. August 9	Thurs. Sept. 26	Wed. Oct. 16		
Last Name		Firs	t Name				
Address				Phone			
City/State Zip		Email					
Denomination	_	Diocese	9				
Your position (paid or vo	lunteer) within the C	Church					
Clergy are asked to attac model: http://trcri.org/site			religious superior. S	Samples from the US	CCB may be used as a		
Spiritual Direction Are y	ou interested in the	opportunity for Spiritua	al Direction for an ad	Iditional fee? [] Yes	[] No		
Needs (Please list any he	alth concerns or die	etary, accessibility need	ds):				
Are you interested in any							
Please list 2 references/			Foreil	Dhara			
Reference/Emergency		Position	Email	Phone			
1							
2							
Retreat Plan - Briefly sha	are a rough outline o	of the plans for your pe	ersonal retreat.				
Signature			Date				

# Day of Rest & Healing

### Personal Retreat Day Request - Winter Spring 2024

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 2024 (Please Circle Selected Date):

	Weds. Jan. 3	Thurs. Feb. 22	Thurs. March 7	Mon. April 8	Tues. May 21		
Last Name			First Name				
Address				Phone			
City/State Zip _			Email				
Denomination _			_ Diocese				
Your position (p	paid or volunteer) with	nin the Church					
•••	d to attach a letter of ri.org/sites/default/file	•	bishop or religious sup	perior. Samples fro	om the USCCB may be used as a		
Spiritual Directi	i <b>on</b> Are you intereste	d in the opportunity	for Spiritual Direction for	or an additional fee	e? [] Yes [] No		
Needs (Please li	ist any health concer	ns or dietary, access	ibility needs):		· · · · · · · · · · · · · · · · · · ·		
Are you intereste	ed in any of the outdo	or spiritual attraction	ns?				
Please list 2 ref	erences/emergency	contacts:					
Reference/En	nergency. Contact Na	ame Pos	sition Email		Phone		
3							
4							
Retreat Plan – E	Briefly share a rough	outline of the plans f	or your personal retrea	at.			
Signature				Date			