

# Refresh

Women's Retreat

November 9, 2019

St. Vincent's Life Center

## Do you need:

- ☼ More time for God? ☼ To connect with other women? ☼
- ☼ Space and time for peace? ☼ A renewed spirit? ☼

## We have you covered!

**Who:** Any woman, any age

**What:** A day away to refresh your relationship with God, relax, and build friendships.

**When:** November 9, 2019

9 AM—6 PM

*Optional dinner out with the group following the retreat*

**Where:** St. Vincent de Paul's Life Center

1502 E Wallen Road

Fort Wayne, IN 46825

Meals, time and space for prayer and sacraments, fun activities and games, plenty of ways to get in touch with other women, and more - ALL provided! You just fill out the registration form, submit it with a check, and show up! **It's that easy.**

*"I will give  
you rest."*

-Matt. 11:28

**Registration form and \$25 due by November 2, 2019.**  
**Please make checks payable to Immaculate Conception Church and write "Refresh 2019" in the memo line. Turn in registration form and check to the parish office.**

Questions? Contact Sarah Speer at 260.410.9009 or  
sarah@tpscs.net.





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## Registration Form

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

### Persons to be contacted in case of emergency:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Do you have any allergies or medical conditions we should be aware of?

\_\_\_\_\_  
\_\_\_\_\_

I would like to go out to dinner with the group after the retreat. (This helps us have an accurate count for reservations.)

By signing below, I release Immaculate Conception Catholic Church, its officers, employees, and volunteers from any liability whatsoever for injury or death to person or loss or damage to property sustained by the undersigned.

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

I hereby consent to the use of photographs, movies, or video tapes and the right to edit, use, and reuse said products for nonprofit purposes including use in print, on the Internet, and all other forms by Immaculate Conception Catholic Church. I hereby release Immaculate Conception Catholic Church and its volunteers and employees from all claims, demands, and liabilities whatsoever in connection with the above.

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

Return this form with a check made payable to: Immaculate Conception Catholic Church. Please write "Refresh 2019" in the memo line. Registration fee (due by Nov. 2, 2019): \$25  
Questions? Contact Sarah Speer at 260.410.9009 or [sarah@tpscs.net](mailto:sarah@tpscs.net).

