

ChristPond Retreat Center

ChristPond is a place for individuals and groups to grow in faith and purpose as they retreat in a secluded, natural environment. It is a place for participants to come together in the exercise and sharing of faith, service, ministry, healing, vision and hope for themselves and those around them.



Directions & Financial Assistance

ChristPond Retreat Center is located on Hwy 57, just south of Plymouth and north of Random Lake. Please go to this link for more detailed directions <http://christpond.org/facilities/directions/>.

For more information and to request financial assistance, contact Linda at 262-375-2494 or 262-366-6810, or email her at cabinstil@sbcglobal.net.

Need More Information?

If you want more information about the retreat call Pete at 414-651-2737 or email him at pete.hllseasons@hotmail.com

Note

When we have received your retreat registration you will receive a confirmation letter which will include further details about the retreat.

Testimonials From Past Retreat Participants

"I learned so much about the grieving process. I have a much better understanding and appreciation for my own unique grief."

"Relating the seasons to grief was really helpful and healing for me. I found the reflections, prayers, songs and sharing very beneficial."

"This was wonderful! Pete and Melissa have such wisdom, understanding and warmth."

"I had no idea how much I really needed this retreat and just how helpful and healing it would be. Thank you so much for offering this!"

Incredibly helpful program! I'm so glad I pushed myself to attend."

"The space, environment, hospitality, food, participants and Melissa and Pete were perfect for this retreat. I am so grateful I chose to attend."

Grieving Through the Seasons

A Spiritual Retreat
for the Bereaved

**Saturday, April 28th
9:00am – 4:30pm**



ChristPond Retreat Center
N1599 Hwy.57, Random Lake, WI, 53075
www.christpond.org

Grieving Through the Seasons... Saturday, April 28th, 2018

is a day-long spiritual retreat for adults, of any and no faith tradition, who are grieving the death of a loved one, friend, or co-worker. The day will integrate patterns of the grieving experience with the rhythms and changes of the seasons. The day will include:

- ❖ Reflections
- ❖ Times of Silence
- ❖ Safe Spaces of Sharing
- ❖ Prayer & Meditation
- ❖ Journaling

Time, Cost and Registration

Registration begins at 8:30am with the retreat program starting at 9:00am and ending at 4:30pm.

Fee is \$45.00 which includes snacks and refreshments, lunch, journal & materials. (No one will be turned away because of the inability to pay.)

The registration form must be completed and sent, with your fee, no later than (postmarked) Friday, April 20th.



Presenters



Melissa Minkley, MSW, CT

Is the cofounder of *Healing Life's Losses* and is a social worker with over 20 years of experience in psychosocial oncology and bereavement counseling. She has companioned adults and children in individual, support group, workshop and retreat settings focusing on enhancing ones holistic well-being. Her personal experience of loss has given Melissa insight into the impact grief has on individuals, families and friends.

Pete Reinl, CSG

Is the cofounder of *Healing Life's Losses* and is a companion and spiritual guide with over 25 years of pastoral ministry experience serving in various roles within faith communities, retreat centers and funeral homes. He has spent the last fifteen years of his ministry companioning the bereaved and training others who wish to be companions. His background includes certification in pastoral ministry and spiritual guidance. Having experienced several significant losses in his life, he brings with him a wealth of personal experience in addition to his professional background in loss, grief and healing.

Registration

Due no later than Friday, April 20th

Mail Registration and Fee to:
**Retreat for the Bereaved
ChristPond Retreat Center
N1599 Hwy 57, Random Lake, WI 53075**
Make checks Payable to:
ChristPond Retreat Center

NAME: _____

ADDRESS: _____

_____ **CITY:** _____

ZIP: _____ **EMAIL:** _____

PHONE: _____

Name of Deceased: _____

Date of Death: _____ **Age:** _____

Relationship with the deceased (i.e. spouse, parent, sibling, child, friend, co-worker):

If spouse, length of marriage: _____

Please share the cause of your loved one's death:

Sorry, No-Walk-ins – Reservation Required.

LIMITED SPACE AVAILABLE