Day of Rest & Healing

Personal Retreat Day Request

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 listed on the website (check or credit card preferred) and 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

Last Name _____ **First Name** _____

Address _____ **Phone** _____

City/State Zip _____ **Email** _____

Denomination _____ **Diocese** _____

Date(s) requested for Day of Rest Healing. *Please note, we have at least one day set aside for a Day of Rest and Healing each month. See our newsletter for the latest dates* https://www.bergamocenter.org/newsletter.php

_____

Your position (paid or volunteer) within the Church _____

Clergy are asked to attach a letter of suitability from their bishop or religious superior.

Spiritual Direction Are you interested in the opportunity for Spiritual Direction for an additional fee? [ ] Yes [ ] No If yes, please visit our website to see a list of spiritual directors, to whom you can reach out directly https://www.bergamocenter.org/adult-programs

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.

_____

Signature _____ **Date** _____

Updated 7/26

Please Return Request to Bergamo Center info@bergamocenter.org .