

Rachel's Vineyard Retreat



- When:** April 20 -22, 2018
- Time:** Friday, 5:00 p.m. through Sunday, 3:00 p.m.
- Place:** Catholic Charities 2450 North Harvard Tulsa, OK
- Cost:** \$100.00 per person

The fee for the weekend includes overnight lodging on Friday and Saturday, one meal on Friday, three on Saturday, two on Sunday, and snacks on Friday and Saturday.

Payment in full is requested at the time of registration. If full payment cannot be made, a non-refundable deposit of at least \$50.00 is needed to reserve your place for the weekend.

Financial assistance is available - contact us to discuss.

You will be mailed a confirmation letter closer to the time of the weekend, which will have additional information about the retreat, including a list of what items to bring and directions to the retreat location.

It is important that you make a commitment to stay at the retreat for the entire weekend. Missing any part of the retreat will interfere with getting the closure you need. Consider this weekend as a gift you are giving to yourself.

Advance registration is required, since space is limited. The deadline for registration is the Friday, one week prior to the retreat. Fill out the Registration/Questionnaire form on pages 2 and 3. Make your check payable to **Catholic Charities** and mail with the Registration/Questionnaire form to:

Mary Lee Weaver, LCSW
Catholic Charities, RV Retreat
PO Box 580460
Tulsa, OK. 74158

Questions? Contact Deacon Dean Wersal 918-607-4575
Mary Lee Weaver 918-508-7142
Or marylee@cceok.org

The retreat and registration process are confidential and the names of all retreatants are kept in strictest confidence.

Rachael's Vineyard Retreat Registration & Questionnaire

Name _____
 First Middle Last Prefer to be
 Called...

Address _____
 Street City State Zip Code

Phone(s) (____) _____ (____) _____ (____) _____
 Home Cell Work (optional)

_____ Email Address (optional)

May we contact you by letter? ___Yes ___No by Email? ___Yes ___No

Can we leave a message on your voice mail? ___Yes ___No Text: ___Yes ___No

Please indicate the best time(s) to call _____

In case of emergency during the retreat, who can we contact?

Name _____ Phone (____) _____

Cell Phone (____) _____ What is their relationship to you? _____

You will be sharing a room with other retreatants in dormitory style housing. Do you have any special needs? ___Yes ___No If yes, please explain _____

I require a special diet. ___Yes ___No If yes, please explain _____

I cannot register for this retreat, but please contact me before the next one. _____

The following questions are very personal, but your answers will help us to understand where you are in your healing process and whether you have any special needs that we should be aware of.

Be assured that everything you tell us is kept in the strictest confidence.

Questions about family and personal support

We want to know if you have people in your life right now who provide you with support.

1. Age? ___ What is your marital status? ___single ___married ___divorced ___widowed

2. Have you kept the abortion a secret? ___Yes ___No

3. If no, what other people in your life know about the abortion? Explain if or how they are helping you to deal with it.

5. If married, is your spouse the father or mother of the aborted child? ___Yes ___No

6. Would your spouse be interested in attending the retreat with you? ___Yes ___No
(We encourage your spouse to attend the retreat with you, if possible.)

7. Who will attend the Memorial service with you? _____

Questions on family, loss and the passage of time

The grieving process and what other losses you faced.

1. How long has it been since your abortion/s? _____ How old were you at the time? _____
2. Have you lost any other children? ___Yes ___No If yes, how many? _____
Indicate the number of: ___miscarriages ___stillborn ___abortions ___adoption
3. Have you lost other family members? ___Yes ___No Who? _____
4. Do you have living children? ___Yes ___No How many and what are their ages? _____

Questions about medical and psychological health

Information about medical or psychological care obtained in dealing with the abortion.

1. Have you had any counseling or therapy regarding the abortion? ___Yes ___No
2. How long ago? _____ Duration _____ Was the therapy helpful? ___Yes ___No
3. Are you currently in counseling or therapy? ___Yes ___No
For what reason? _____
Name of Therapist and/or Doctor: _____
6. Have you ever been diagnosed with any emotional or psychological disorder(s)?
___Yes ___No If yes, what was the diagnosis? _____
7. Are you on any medication for psychological reasons? ___Yes ___No
If yes, what kind(s) (name and dosage)? _____

8. Do you have any medical problems, special needs, or dietary needs that we should be aware of? _____
9. Is there anything else you would like us to know about you? _____
10. Do you Smoke? ___Yes ___No Catholic Charities is a smoke and tobacco free campus.
11. What religious faith are you? _____

You do not need to be Catholic or even Christian to participate in a Rachel's Vineyard Retreat. The retreat is Catholic in its presentation and you will have opportunities to attend mass and to receive private counseling from a priest.
12. How did you hear about this retreat? _____
13. Do you have any questions, comments or concerns? _____

