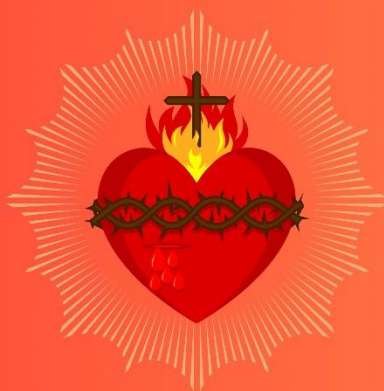




Cherished, Liberated, United with Unbounding Love!

*A Weekend of Self-Discovery, Shared
Reflections, and Spiritual Elevation.*

Annual Women's Retreat
January 22-24, 2027
Zion National Park

Facilitated By
Karen Schwaner Sheehy

Special Guest
Fr. AJ Sales

Sponsored By
The Ministry of Mothers
Sharing



2027 Women's Retreat

Our retreat begins at 7:00 pm MDT on Friday, January 22 and closes at 12:00 pm MDT on Sunday, January 24.

The retreat is taking place at Springhill Suites Marriott, Springdale Zion National Park. The address is 1141 Canyon Springs Rd. Springdale, UT 84676 and the hotel phone number is (435) 619-8220.

Shared room rate: \$350 (double occupancy) | Single room rate: \$490

Cost includes meals (two breakfasts, one lunch, one dinner and two evening socials), Accommodations, and retreat materials. Cost does not include transportation. Participants must provide their own transportation to & from the retreat. Springdale, Utah is approximately a 3-hour drive from Las Vegas.

Reserve your spot by submitting your completed registration form, liability release form, and photo release form with your \$200 deposit due by December 7, 2026. Your spot is not guaranteed without complete forms and deposit.

Final Payment is due no later than January 4, 2027.
Payments received after January 4 are subject to a \$30.00 late fee.

You can register and pay online at → stm.lv.org/womensretreat

Online payments are explained on the last page of this packet. If you prefer not to do it online, you can fill out your registration form by hand and return it to STM by mail or in person at the Community Center. Along with the registration form, the Archdiocesan forms must be completed, and the deposit is required before your spot is reserved. Cash, checks, and credit/debit are accepted if you are not paying online. Checks need to be made payable to St. Thomas More Catholic Community. If you're mailing your payment and forms in, please send it to:

St. Thomas More Catholic Community
ATTN: MOMS
130 N. Pecos Road
Henderson, NV 89074

Questions? Need more information? Contact Kim Blanc at 702-528-2457

Karen Schwaner Sheehy



Wife, mother, devoted Catholic, certified Spiritual Director, motivational speaker, published author, and lover of the Lord. Karen enjoys finding God in all things, including hiking, working with her spiritual directees, facilitating Bible study classes, leading retreats and women's spirituality classes, and working at St. Thomas More Parish in Henderson, NV as Coordinator of Scripture Studies and Spiritual Direction.

- **Master of Theology from the University of Holy Cross in New Orleans, LA (Dec. 2019)**
- **Ignatian Trained and Certified Spiritual Director from the 2-year Internship at the Archdiocese of New Orleans, LA (May 2020)**
- **Retreat director combining spirituality, catechesis, praying with Sacred Scripture, individual reflection, journaling, and faith sharing.**
- **Evangelist, public speaker, and published author (The Healing Eyes of Mercy. A Trinity of Love).**



Retreat Schedule

**Springdale, Zion National Park
January 22-24, 2027**

FRIDAY, JANUARY 22

5:00 pm – 7:00 pm: Arrival & Registration

7:00 pm – 8:45 pm: Session 1

9:00 pm: Social

SATURDAY, JANUARY 23

6:00 am – 8:45 am: Breakfast Service

9:00 am – 11:30 am: Session 2

12 noon: Lunch

2:00 pm – 4:30 pm: Session 3

5:30 pm – 7:00 pm: Dinner (Bit n Spur)

7:30 pm – 9:00 pm: Session 4

SUNDAY, JANUARY 24

6:00 am – 8:45 am: Breakfast Service

9:00 am – 10:00 am: Mass

10:30 am – 12:00 pm: Session 5

12 noon: Depart

Please note: Throughout the weekend, participants will have the opportunity to attend Mass, receive the Sacrament of Reconciliation, and spend time in Eucharistic Adoration.

We prefer you fill out your registration form online this year, but if you do not use the computer and would feel more comfortable doing it by hand, please fill out this page.
If you do it online, skip these forms and go to: stmlv.org/womensretreat

Women's Retreat Registration Form

Name: _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Home Phone: _____ **Cell Phone:** _____

Email (if used regularly): _____

Double room ☐ **Roommate request:** _____

Single Room ☐

Dietary Restrictions: _____

Amount enclosed: _____ **Check number:** _____

Online Payment Instructions

If you register on our website, after you submit the form you will be automatically redirected to the Women's Retreat section of our online giving platform called Vanco. Vanco is a secure and easy way to make payments online.

If you complete your registration form in person but would like to pay online, or if you need to make an additional payment later, visit stmlv.org/donate. Under the Online Giving section, click the link provided to access our Vanco webpage. From there, select Women's Retreat and complete the payment information.

If you have any questions about making an online payment, please contact Anna McGovern at annam@stmlv.org or 725-214-7020.

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2027 Women's Retreat
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Reflections, and Spiritual Elevation.

Give

2027 Women's Retreat

One time

Recurring

Installments

Frequency

Once, now

Tell us who this payment is for. (required)

0 / 50

Add to Basket



Archdiocese of Las Vegas

FIELD TRIP

ADULT LIABILITY WAIVER

Release of Liability / Medical Release

Each adult participant, including group leaders and chaperones, must complete and sign this form.

I, _____, agree on behalf of Myself, my
(Full Name)

heirs, assigns, executors, and personal representatives, release and waive any and all claims which I may have, or which may accrue to me, and further agree to indemnify, forever hold harmless and defend The Roman Catholic Archbishop of Las Vegas, and His Successors, a Corporation Sole, its officers, directors, agents, employees and /or representatives, and the Parish/School/Institution

(Name of the Parish/School/Institution)

From any and all liability associated with my participation in the field trip/activity to:

Date of trip: _____

This waiver and release form is signed in order to participate in this event or activity for my own personal enjoyment and benefit, and is done so freely with full knowledge of the risks and dangers incident thereto. I warrant and represent that I am eighteen (18) years of, or over, and upon request will produce satisfactory proof of such fact.

In the event I should require medical treatment and I am not able to communicate my desires to attending physicians or other medical personnel, I give permission for the necessary emergency treatment to be administered. Please advise the physicians that I have the following allergies and/or health conditions:

In case of an emergency and for permissions for treatment beyond emergency procedures, please contact:

Name: _____ Relationship to me: _____

Phone (home): _____ (cell): _____ (work): _____

Family physician: _____ phone: _____

Health Insurance carrier: _____

Policy no: _____ Group/ID no: _____

Signature: _____ Date: _____

Print Name: _____

Adult Liability Waiver Multiple Activities Listing

If you are participating in more than one activity, please list each date and name of the activity in the space provided below

[illegible]

Signature: _____ Date: _____

Print Name: _____



Archdiocese of Las Vegas
RELEASE & AUTHORIZATION
FOR PHOTO/VIDEO RELEASE
(ADULTS)

I _____, do hereby consent
(Full Name)

and authorize the release, publication, dissemination, distribution, use and/or
reproduction of any and all photographs/videos taken of myself on _____,
(Date)

by an employee, agent, representative or independent contractor of The Roman Catholic
Archbishop of Las Vegas, and His Successors, a Corporation Sole and

(Parish/School/Institution)

(collectively the "Archdiocese"). This release may include, but is not limited to playback
on/through any media and social media outlets/platforms such as through YouTube,
Instagram, Twitter, TikTok, Snapchat, Websites, Television, Cable stations and Satellite
stations. This release and authorization form acknowledges that all photographs,
negatives, positives, prints, video recordings and any reproductions (hereinafter
"photos") shall constitute the property of the Archdiocese for any purpose determined by
the Archdiocese in its discretion, in its sole and absolute discretion, in any manner and
all media now or hereafter known without restriction as to alteration, without further
notice or without any compensation or remuneration to me.

I waive any right to inspect or pre-approve the use of the photos, and acknowledge and
agree that the rights granted in this Release are irrevocable.

Signature: _____ Date: _____

Print Name: _____