

This can be a profound spiritual immersion. Journey to help you heal when you have experienced a real loss. Times like Thanksgiving and Christmas tend to make it even more difficult and sometimes lonely..

This retreat will provide a time of compassion, listening, and hope.



Consider trying out our hermitage sometime, where you can have quiet time for prayer and rest and creativity for a few days or up to a month!



Labyrinth, & also a rosary walk

**Grieving
when
others are
celebrating...**
Dec. 13-15, 2024



A Retreat
Holy Cross Retreat Center
600 Holy Cross Road
Mesilla Park, NM 88047

Grief or loss can take many forms. We often struggle alone or without any peace in our hearts. Holidays, anniversaries, and birthdays can be especially more difficult. Perhaps taking time for a retreat with others who share your experiences can bring personal and spiritual renewal.

Bereavement, grief, & loss

Spiritual struggles

Loss of direction in life

Divorce & marriage issues

Dreams Unfulfilled

Loss of a pet

Other challenges

Grieving Retreat

Dec. 13-15, 2024

**Stay overnight
or commute**

Registration: 6:30-7:00pm

In the Serra Hall

Friday, Dec. 13th

Closing before lunch on Sunday.

Sunday, Dec. 15

**Please send this completed form and
initial payment to:**

Holy Cross Retreat Center

600 Holy Cross Road
Mesilla Park, NM 88047

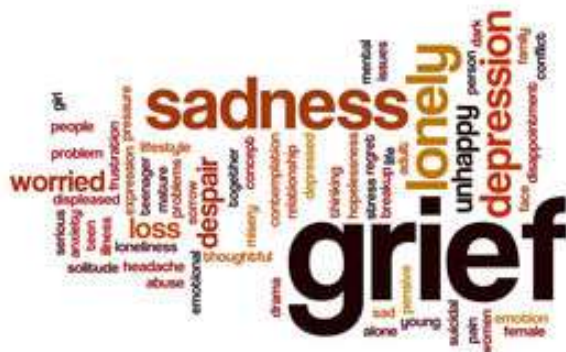
For more info, contact:

Phone: 575-524-3688

Fax: 575-524-3811

Email: programs@holycrossretreat.org

(If finances are a concern, let us know)



Registration form: Grieving Retreat Dec. 13-15, 2024

Name: _____

Street: _____

City/State: _____

Phone: _____

Email: _____

I can't climb stairs _____

I need Handicapped Accessible room _____
dietary need _____

Private room \$165.00 _____ couple \$250.00 _____

queen bed \$175.00 _____ couple \$275 _____

Two per room, each person \$150.00 _____

Commuters \$75.00 _____

I need a handicap room _____

Dietary need _____

Cash _____ Check _____

(\$25.00 deposit to hold a room)

Visa/MC _____

Card # _____

(add 3 % charge for credit card)

Name on card: _____

Expiration _____ 3 # on back _____

Billing address, if different:

amount to be charged _____

(If finances are a concern, contact us.)