

WHEN: Friday, **October 24** at 5:30 pm until
Sunday, **October 26** at 11:00 am (after
Mass & brunch)

WHERE: Loyola Retreat House
Located just south of Akron, Ohio at:
700 Killinger Rd., Clinton, OH 44216

ATTIRE: Comfortable clothing

COST: \$50.00 per person (includes all meals,
materials and private single room)

PLEASE NOTE:

**If you need help with the cost of the retreat, simply write a
note on the application and your cost will be provided.*

**If you have any special dietary need or just have questions-
please feel free to contact us.**

HOW TO SIGN UP:

Fill out the attached application and mail it along
with payment to the address on the back of the
application. **Do not** mail to the Retreat House.

- *This is a private weekend of reconciliation, hope
and new life for the wounded heart.*
- *Come and experience the tender mercies of Jesus through
the sacraments, music, prayer and scripture.*
- *Led by Father Mark Ott, Sister Patricia Marie Barnette,
RGS, and women who have walked the journey of healing
with Jesus after suffering from loss, divorce, addictions,
abortion, abuse and other painful emotional and spiritual
wounds.*
- *Respecting the confidentiality of each participant, there
will be no group sharing at the retreat. One-on-one
support and spiritual companionship with a retreat team
member is available throughout the weekend, and the
Sacrament of Reconciliation will be celebrated.*

Please fill out the application below, detach this page front & mail along with payment to address on back of this page.

2025

ALL INFORMATION IS CONFIDENTIAL

**(Only the Ministry Director of Bethesda House of Mercy reviews the applications.
Your information helps to ensure that the retreat will be a helpful and healing day for you.)**

NAME _____

ADDRESS _____

PHONE _____ **DATE OF BIRTH** _____

EMAIL ADDRESS _____

EDUCATION _____ **RELIGIOUS AFFILIATION** _____

***IF YOU ARE CURRENTLY COMMITTED TO BETHESDA'S HEALING
PROGRAM YOU DO NOT NEED TO COMPLETE THE NEXT SECTION.**

- ♦ Are you currently under Professional care? Yes No
What is /was the diagnosis/reason for counseling?

- Have you ever had post abortion counseling? Yes No
If yes, please describe.

- ♦ Have you ever attended a Spiritual Retreat? Yes No
What type of retreat was it? _____

Application Continued...

- ◆ Briefly describe any significant life experiences, i.e. Death of Parent, Divorce, Sexual Abuse, Abortion, etc.

- ◆ How would you describe your Spiritual Life? Give a brief spiritual biography.

- ◆ How did you hear about this retreat? (Circle One)

Flyer Bulletin Announcement Friend Family Brochure Rack

Other

*Do **not** mail your application to the retreat house.*

*A Spiritual Retreat is not a substitute for counseling or for psychotherapy.
If you are currently undergoing professional counseling, we suggest
that you speak to your counselor before attending this retreat.*

Please fill out application and mail to:

The Community of Jesus, the Living Mercy

PO Box 694/Berea, OH 44017
bethesdahouseofmercy.wordpress.com
1-800-482-4100
Bethesdahouseofmercy2008@gmail.com

***A detailed confirmation will be mailed once the application is received.
Call or email us for more information.***

*We are a private association of the Christian Faithful in accord in Canon 299.3,
reviewed by Most Reverend Richard G. Lennon, Bishop of Cleveland, Ohio on January 28, 2008.

Called You by Name



WEEKEND RETREAT

for women healing
after abortion



Bethesda House of Mercy