



MILWAUKEE ARCHDIOCESAN COUNCIL
OF
Catholic Women

Just 50 minutes
south of Milwaukee
Quiet...reflective
space.



4th Annual Silent Retreat

September 18-20, 2026

"Five Days in Galilee"

St Benedict's Abbey and Retreat Center

12605 224th Avenue, Benet Lake, WI

Very Rev Nathan D. Reesman was ordained in 2006 was assigned as associate pastor for three years at St. Mary Visitation and spent 13 years in West Bend at St. Frances Cabrini, Holy Angels and Immaculate Conception/St. Mary parishes. In Feb, 2023, he was appointed Vicar for Clergy by Archbishop Emeritus Jerome E. ListECKi, a position that he continues to hold. We are excited to have Fr. Reesman facilitate our retreat this year! As noted above, we will spend "Five Days in Galilee"!



Friday evening will begin with a 5pm Fish Fry and the retreatants are free to leave following our 11:00am Mass on Sunday. No lunch provided on Sunday. Private rooms with a bath for up to 30 retreatants. The grounds are beautiful for walking or just sitting outside near the lakefront between meditations.

- 1) Cost is \$325 for Individual Members of MACCW / \$350 for non-members. We are offering a Two-Payment Option: \$150-member / \$175 non-member due by 7/1 to reserve your spot. Balance of \$175 due 8/12/25. Reservations are on first-come, first-served basis.
- 2) Final payment must be post marked by 8/12/2026.
- 3) *Cancellations prior to 8/18 will be refunded less a \$50 processing fee. No refunds after 8/19/2026.*
- 4) **How to register:** mail this form with your check made out to **MACCW** to:

Jean Kelly, 800 Terrace Drive, Elm Grove, WI 53122

We will send more information as the time gets closer!
*If you have any questions, please contact Jean Kelly at 262-797-0937
or Barb Ludka at 414-423-9203*

You can join MACCW as an individual member at maccw.com and then click on *Join Us*. You can pay membership online or include with your registration check. Forms are on the website. With membership, you will continue to receive great information from us in the future!

Name: _____ Parish: _____

Phone: _____ Email: _____

Address: _____ City/State/Zip: _____

Emergency Contact Name: _____ Emergency Contact Phone: _____

☐ I am paying in full.

☐ I will make two payments.