

Restore My Soul Retreat

Friday-Saturday, November 1-2, 2019

About the Retreat

This overnight retreat for alumni of the *Intro to Soul Care Retreat* is designed to help you **experience refreshment and renewal by keeping company with Jesus** through prayer, Scripture meditation, reflection, and community.

Soul Care Retreats are part of Metanoia U curriculum, which is designed to help you grow in loving God with your heart, mind, soul, strength, and community. Pastor Adam Feldman will facilitate this retreat.

Retreat Details

When: Friday-Saturday, **November 1-2, 2019**

Where: All Saints Sisters of the Poor Convent, St. Gabriel's Retreat House
1501 Hilton Ave, Catonsville, MD 21228; <http://allsaintssisters.org>

Friday Arrival: Check-in as early as **4:00pm**, retreat begins at **4:30pm** (dinner at 6:00pm)

Saturday Departure: 4:30pm

Who: You must attend the *Intro to Soul Care Retreat* prior to registering for this retreat.

Limited space: This retreat will be held simultaneous with another Soul Care Retreat. ***A total of 16 spots available for the weekend.*** Therefore, total combined registration is limited to the first 16 persons to register for either retreat and pay the fee.

What to bring: Bible, journal, pen, and toiletries for an overnight retreat.

Accommodations: A private room with a twin bed, and communal bathroom/shower for each gender. Linens and towels provided.

Registration Details

COST: \$75/person for Metanoia covenant partners; \$125/person for non-partners

Cost covers retreat expenses, Friday dinner, and Saturday breakfast and lunch.

CHECKS: Write checks out to "Metanoia Church" with "Soul Care Retreat" in the memo

DEADLINE: Registration form and fee must be received by **Sunday, October 20.**

REGISTER: At a Worship Gathering, by sending your form & fee by mail, or online.

***Limited scholarships are available. Confidentiality is protected. Contact admin@metanoiachurch.org for more details.*

Disciple My Life Retreat

REGISTRATION FORM

REGISTRATION DEADLINE: Sunday, October 20

Name (print): _____

Address : _____

Email address: _____ Phone #: _____

Emergency contact: _____

Emergency contact phone #: _____

If a family member is attending with you, please list their name(s): _____

List dietary and/or allergy concerns: _____

COST: \$75/person for Metanoia covenant partners

\$125/person for non-partners

Total payment amount enclosed: _____

Check #: _____

** Make checks payable to: "Metanoia Church." Write "Soul Care Retreat" in the memo section.*

Return this completed REGISTRATION FORM along with your payment:

- In the offering box at a Worship Gathering, or
- In the mail to: Metanoia Church, PO Box 298, Ellicott City, MD 21041