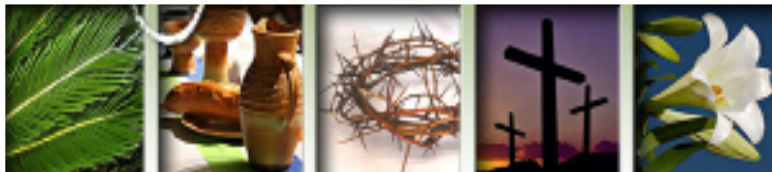


HOLY WEEK RETREAT

APRIL 13-16, 2017



Join Fr. Ken Laverone, OFM, the San Damiano community of friars, and employees as we celebrate the days of Triduum. The presentations, quiet, prayer and rhythm of the days will allow us to reflect and experience a new the meaning, purpose, and challenge of Jesus in our lives.

PRESENTER:



Fr. Ken Laverone, OFM, has served as a priest for thirty-eight years. His first eighteen years he served in many capacities as a priest of the Diocese of Monterey and for the last twenty years he has been a member of the Franciscan Province of St. Barbara. He has served for over twenty years in parish ministry. Fr. Ken currently serves as the interim director of San Damiano Retreat House, he is professor of Canon Law at the Franciscan School of Theology and the Judicial Vicar for the Diocese of Monterey. Fr. Ken reputation as a preacher and teacher has followed him in his many years of ministry.



SAN DAMIANO RETREAT

DANVILLE • CALIFORNIA

**A FRANCISCAN PRESENCE IN
NORTHERN CALIFORNIA**

REGISTRATION:

Registration is Holy Thursday from 3:00 pm to 5:30 pm. There is a social from 5:00 pm to 6:00 pm, and the retreat begins at 6:00 pm. Dinner is served at 6:30 pm. The retreat ends with an Easter Sunday Brunch at 10:00 am.

TO MAKE A RESERVATION:

Please send a check of \$50 deposit to:
San Damiano Retreat
P. O. Box 767
710 Highland Drive
Danville, California 94526-0767
Phone: (925) 837-9141
Fax: (925) 837-0522

SPECIAL NEEDS:

Please call us after you make your reservation for any re-treats.

COST:

\$255 for private room.
\$220 per person for double occupancy.
All bedrooms are non-smoking.

***** \$50 per person -
Option Arrival Wednesday,
April 12.**

Registration online is available at www.sandamiano.org or call us at (925) 837-9141 to make your reservation by phone.

Deposits or payment are non-refundable, but transferable to a future retreat within one year providing cancellation is received at least 7 days prior to the retreat.

RESERVATION FORM

HOLY WEEK RETREAT • APRIL 13-16, 2017

NAME(S): _____

ADDRESS: _____

STREET

CITY

STATE

ZIP

EMAIL: _____

PHONE: _____

EMERGENCY CONTACT: _____

Phone: _____

PRIVATE ROOM(\$255) SHARED ROOM(\$220) WITH: _____

**** OPTION ARRIVAL WEDNESDAY, April 12: Private (\$50) Shared (\$50)**

CREDIT CARD #: _____

EXP. DATE: _____

NAME ON CREDIT CARD: _____

CHARGE ALL DEPOSIT ONLY