

LABYRINTH DAY: SEASONS OF LIFE

Presented by Dorothy Charbonneau
Thursday, September 28, 2017



Reflect upon and honor the “Seasons” (winter, spring, summer, fall) of your life through walking the labyrinth accompanied by the Gospel wisdom of Matthew, Mark, Luke and John.

Events of our lives are not walled off like separate portions of life. The labyrinth allows for the integration of the parts into the whole of life. All move around one another participating in life’s next turn just as the labyrinth offers many turns before the center is reached.

Both an indoor canvas labyrinth and San Damiano’s Garden labyrinth will be available for your use.

Come Celebrate the “whole of you” through this day of quiet reflection, labyrinth walks and Gospel wisdom.

Dorothy’s background includes 34 years of teaching in varying capacities in California, Oregon and Washington. Dorothy is a certified Labyrinth Facilitator having received her certification through Veriditas with Dr. Lauren Artress. Dorothy served as a Franciscan Covenant Volunteer for five years at San Damiano. She often refers to those years as, “the best ever”.



SAN DAMIANO RETREAT
DANVILLE • CALIFORNIA

**A FRANCISCAN PRESENCE IN
NORTHERN CALIFORNIA**

REGISTRATION:

Registration begins at 9:00 am. Program is from 9:30 am - 3:00 pm. Lunch included.

TO MAKE A RESERVATION:

Please send a check of \$40 to:
San Damiano Retreat
P. O. Box 767
710 Highland Drive
Danville, California
94526-0767
Phone: (925) 837-9141
Fax: (925) 837-0522

COST:

\$40 per person

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.

SPECIAL NEEDS:

Please call us after you make your reservation for any retreats.

RESERVATION FORM

LABYRINTH DAY: SEASONS OF LIFE • THURSDAY, SEPTEMBER 28, 2017

NAME(S): _____

ADDRESS: _____

STREET

CITY

STATE

ZIP

EMAIL: _____

PHONE: _____

EMERGENCY CONTACT: _____

Phone: _____

\$40 • LUNCH INCLUDED

CREDIT CARD #: _____

EXP. DATE: _____

NAME ON CREDIT CARD: _____

CHARGE ALL DEPOSIT ONLY