

LENTEN DAY OF RENEWAL

The Spirituality Of Imperfection

Presented by Fr. Rusty Shaughnessy, OFM
Thursday, March 22, 2018



Do not lose heart. We are all programmed to fail. Yet our fall is the stable where Christ wants to be born. There is no ascent before the descent. There is no healing without the wound. No mercy without the sin. What does it feel like to be found? To be Saved? To be Accepted? To taste Mercy. To Fall... Up. "Come adn See." Jn. 1:39

The Day from 9:30am to 3:00pm, and include presentations, lunch at 12:00 pm, and end with Eucharist at 2:00 pm.

PRESENTER:

Fr. Rusty Shaughnessy, OFM
He was born in Milwaukee, WI and grew up in Chicago. He went to St. Mary's Seminary's, Baltimore where he earned a MA in Theology. He ministered in parishes in the Chicago area and then discovered the Franciscans. Since then, he has been assigned to Parishes in Oakland and Huntington Beach. He has spent the majority of his time in Retreat Ministry at San Damiano, Danville, CA, Old Mission San Luis Rey, Ocean-side, CA, and The Franciscan Renewal Center, Scottsdale. While also giving Parish Missions and Pilgrimages through the US, Europe, the Middle East, Asia and New Zealand.



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 RESERVA-TION:

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 & Lunch.
Eucharist at 2:00pm.

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.

LENTEN DAY OF RENEWAL • THURSDAY, MARCH 22, 2018

RESERVATION FORM

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