



July 21st to July 23rd, 2023
Mater Dolorosa Retreat Center
 700 N. Sunnyside Avenue, Sierra Madre, CA, 91024
 (626) 355-7188

**\$250 FOR THE WEEKEND INCLUDES
 ACCOMMODATIONS AND ACTIVITIES**

\$10 suggested voluntary contribution for future retreat planning can be made at the retreat check-in station.

ACCOMMODATIONS

- Air-conditioned single or double room with en suite bathroom with shower
- Chef-prepared meals

ACTIVITIES

- Facilitator-led workshops
- Recovery meetings
- Guided meditation
- Art Therapy
- Gentle yoga
- Sound bath
- Spiritual walks
- Other wellness activities

FOR AN ADDITIONAL FEE

- Reiki Sessions*
- Massage*

**scheduled upon arrival*

"Journey Through the Spiritual Principles"

- FACILITATED BY -

Pearl Gillespie-Gray, CSW, M.Div., MSSW

Pearl Gillespie-Gray, M.Div, MSSW is an educator, social work practitioner, and spiritual leader with over 42 years of recovery. Pearl resides in Louisville, Kentucky, and conducts spiritual retreats internationally.

Special Guests

Basia Tacik, M.Ed, Yoga Teacher, Reiki Master, & Sound Vibration Therapist
Pinoko Rudolph, Reiki & Sound Vibration Master, & Women's Circle Facilitator

Check-in on Friday, 7/21 from 3:45 pm to 5 pm
 Retreat begins with dinner at 6 pm and ends at noon on Sunday, 7/23.

Additional details will be provided via e-mail prior to the retreat.

For more information, contact:

Chair Tonya B. (626) 720-7622

Co-Chair Caroline H. (626) 466-2398

For room questions, contact:

Meredith G. (818) 679-1848

Find us on **e12stepwomen**



Scan QR code to register or visit:

<https://tinyurl.com/womensall12>

A nonrefundable \$50 deposit will reserve your space!

Pay your remaining balance later or at the retreat.

For payment questions, call Nancy at (626) 355-7188.

WOMEN'S ALL 12-STEP RETREAT | JULY 21ST-23RD, 2023

To register by mail, please complete, detach, and return this portion to the address above. Include your payment or your nonrefundable \$50 deposit. You may also register by phone by calling the retreat center at the number listed above.

Name: _____

Address: _____

Street

Apt. #

City

State

Zip

Phone: _____

Email: _____

Recovery group(s) affiliation (optional): _____

Recovery Date (optional): _____

Room Preference: ____ Single ____ Double

Roommate: _____

Room Considerations (mountain view, first floor, etc.): _____

Specify any ADA requirements: _____

Specify any dietary requirements: _____

Scholarship donation: _____