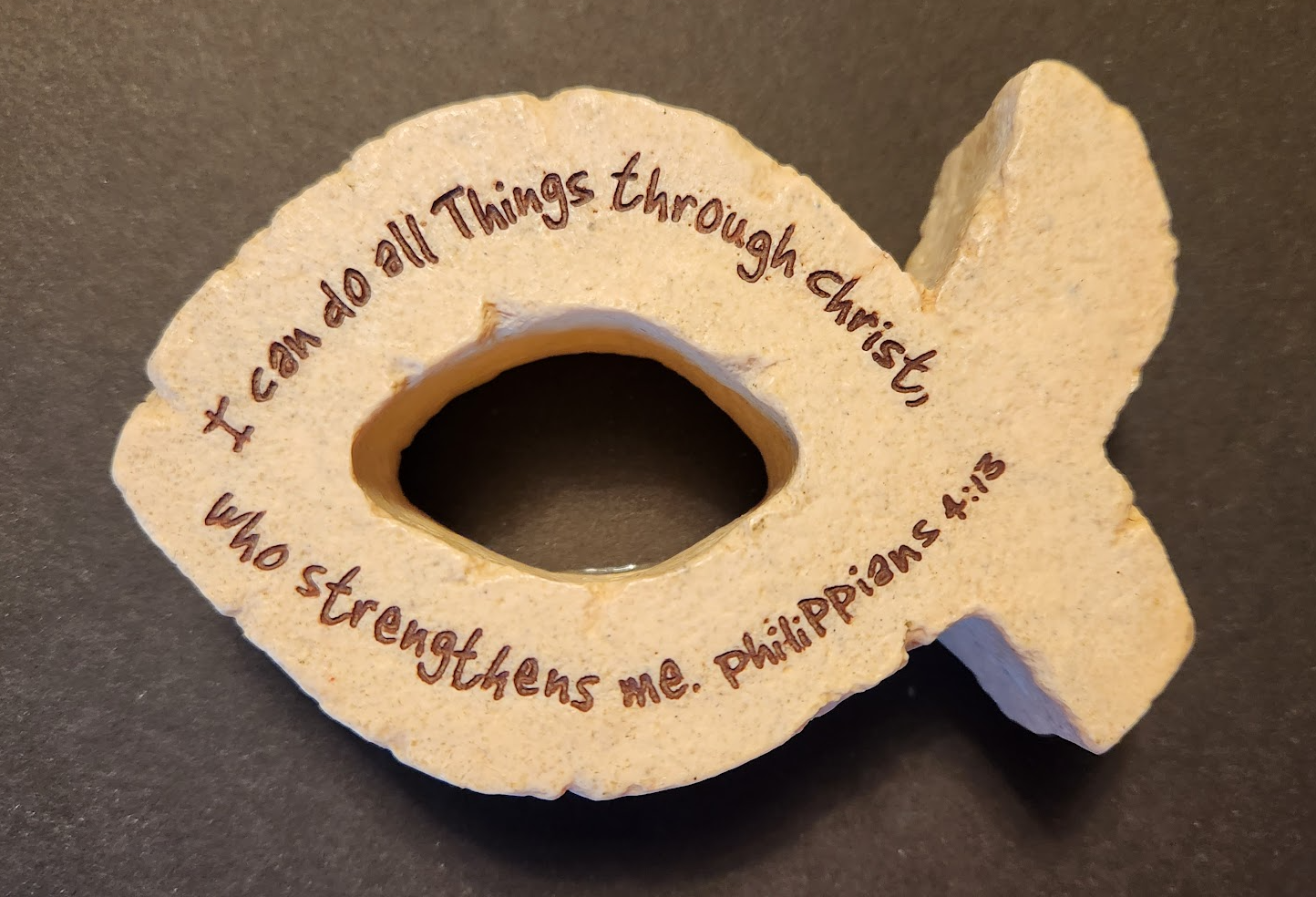
# **St. Ann’s and**

# **Our Lady of the River**

**Women’s ~ February 24 - 26**

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The purpose of the **C**hristian **E**xperience **W**eekend (CEW) is to strengthen and enrich your relationship with God. The weekend provides a special time and place away from the busy routine of daily living, where a true Christian community can develop in a variety of ways.

CEW is not a retreat consisting of silence and meditation. Rather, it is a shared Christian experience which grows out of the realization that the Christian life has to be experienced before it can be fully appreciated.

A team made up of both lay and religious people conduct the weekend, which includes talks, discussions, prayer services, Masses, reflection, good food, fellowship and FUN.

**For more info on the women’s weekend, please contact:**

**Angie Hansen**

**563-505-3030**

**ejhansen@mchsi.com**

# **2023 Christian**

# **Experience Weekends**

**Men’s ~ March 3 - 5**

The weekend is intended for anyone who is interested in strengthening their relationship with Jesus while getting to know themselves on a deeper level.

Participation is open to anyone twenty one years and older. There is a weekend for women and one for men.

The weekends begin at 7:30 pm on Friday and end at 4:30 pm on Sunday. All of the weekend’s activities are held at St. Ann’s Church, including meals and sleeping accommodations. Special arrangements are possible for persons with moderate physical conditions. Please make us aware of any dietary, physical, or other special needs with your application.

Due to the size of the facility, we have a limited number of spaces for attendees. To help in the planning process, we suggest that you send in your registration form as soon as possible.

The fee for the weekend is $30 per person; this includes all of your meals.

No applicant will be refused for financial reasons. We will notify all applicants once we have filled the available spaces.

**For more info on the men’s weekend, please contact:**

**Sam Samara**

**563-296-0069**

**samuel.samara@gmail.com**

**St. Ann’s and Our Lady of the River   
2023 Christian Experience Weekends**

**Women’s February 24-26 ~ Men’s March 3 - 5**

**Fill out this registration as completely as you can. All information is optional, but it will help the team to better know you as an individual. Please return registrations as soon as possible.**

**This application will be destroyed at the end of the weekend.**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_**

**Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Marital Status: [Single / Married / Divorced] Spouse’s Name: \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Children (Name/Age): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Church Affiliation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Have you made a CEW or a Cursillo before? [ Yes / No ]**

**Has a family member or friend made a weekend? [ Yes / No ] If yes, please provide their name(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Who recommended CEW to you? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
What are your expectations from this weekend? What do you hope it will do for you? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Do you have any special health, physical, dietary needs? [ Yes / No ] (If yes, please explain)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please list any other know allergies: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**IN THE EVENT OF AN EMERGENCY, PLEASE CONTACT:**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Preferred Hospital: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Doctor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Any special instructions: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Are you a nurse or doctor? [Yes / No] (If yes, please describe) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**FEES:** The total cost for the weekend is $30 per individual. Payment in full, or a $10 deposit, is required with your registration.  **Your payment will be returned if you are unable to attend. If possible, we ask that you notify us of any cancellations at least 5 days in advance to the beginning of the weekend.**

Please make checks payable to: St. Ann’s CEW.

Return completed registration and payment to either:

**Women’s Weekend**

**Angie Hansen**

**29808 Scott Park Rd.**

**Long Grove, IA 52756**

**Men’s Weekend**

**Sam Samara**

**P.O. Box 361**

**Eldridge, IA 52748**