

## *Rachel's Vineyard Retreat*



- When:** February 17,18 and 19<sup>th</sup>, 2017
- Time:** Friday, 5:00 p.m. through Sunday, 3:00 p.m.
- Place:** Catholic Charities 2450 North Harvard Tulsa, OK
- Cost:** \$100.00 per person

The fee for the weekend includes overnight lodging on Friday and Saturday, one meal on Friday, three on Saturday, two on Sunday, and snacks on Friday and Saturday.

Payment in full is requested at the time of registration. If full payment cannot be made, a non-refundable deposit of at least \$50.00 is needed to reserve your place for the weekend.

Financial assistance is available - contact us to discuss.

You will be mailed a confirmation letter closer to the time of the weekend, which will have additional information about the retreat, including a list of what items to bring and directions to the retreat location.

It is important that you make a commitment to stay at the retreat for the entire weekend. Missing any part of the retreat will interfere with getting the closure you need. Consider this weekend as a gift you are giving to yourself.

Advance registration is required, since space is limited. The deadline for registration is the Friday, one week prior to the retreat. Fill out the Registration/Questionnaire form on pages 2 and 3. Make your check payable to **Catholic Charities** and mail with the Registration/Questionnaire form to:

Mary Lee Weaver, LCSW  
Catholic Charities, RV Retreat  
PO Box 580460  
Tulsa, OK. 74158

Questions? Contact Deacon Dean Wersal 918-607-4575  
Mary Lee Weaver 918-508-7142  
Or [marylee@CCTulsa.org](mailto:marylee@CCTulsa.org)

The retreat and registration process are confidential and the names of all retreatants are kept in strictest confidence.

## Rachael's Vineyard Retreat Registration & Questionnaire

Name \_\_\_\_\_  
                    First                    Middle                    Last                    Prefer to be  
                    Called...

Address \_\_\_\_\_  
                    Street                    City                    State                    Zip Code

Phone(s) (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
                    Home                    Cell                    Work (optional)

\_\_\_\_\_ Email Address (optional)

May we contact you by letter? \_\_\_Yes \_\_\_No by Email? \_\_\_Yes \_\_\_No

Can we leave a message on your voice mail? \_\_\_Yes \_\_\_No Text: \_\_\_Yes \_\_\_No

Please indicate the best time(s) to call \_\_\_\_\_

In case of emergency during the retreat, who can we contact?

Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Cell Phone (\_\_\_\_) \_\_\_\_\_ What is their relationship to you? \_\_\_\_\_

You will be sharing a room with other retreatants in dormitory style housing. Do you have any special needs? \_\_\_Yes \_\_\_No If yes, please explain \_\_\_\_\_

I require a special diet. \_\_\_Yes \_\_\_No If yes, please explain \_\_\_\_\_

I cannot register for this retreat, but please contact me before the next one. \_\_\_\_\_

The following questions are very personal, but your answers will help us to understand where you are in your healing process and whether you have any special needs that we should be aware of.

Be assured that everything you tell us is kept in the strictest confidence.

### Questions about family and personal support

We want to know if you have people in your life right now who provide you with support.

1. Age? \_\_\_ What is your marital status? \_\_\_single \_\_\_married \_\_\_divorced \_\_\_widowed

2. Have you kept the abortion a secret? \_\_\_Yes \_\_\_No

3. If no, what other people in your life know about the abortion? Explain if or how they are helping you to deal with it.  
\_\_\_\_\_  
\_\_\_\_\_

5. If married, is your spouse the father or mother of the aborted child? \_\_\_Yes \_\_\_No

6. Would your spouse be interested in attending the retreat with you? \_\_\_Yes \_\_\_No  
(We encourage your spouse to attend the retreat with you, if possible.)

7. Who will attend the Memorial service with you? \_\_\_\_\_

## Questions on family, loss and the passage of time

The grieving process and what other losses you faced.

1. How long has it been since your abortion/s? \_\_\_\_\_ How old were you at the time? \_\_\_\_\_
2. Have you lost any other children? \_\_\_Yes \_\_\_No If yes, how many? \_\_\_\_\_  
Indicate the number of: \_\_\_miscarriages \_\_\_stillborn \_\_\_abortions \_\_\_adoption
3. Have you lost other family members? \_\_\_Yes \_\_\_No Who? \_\_\_\_\_
4. Do you have living children? \_\_\_Yes \_\_\_No How many and what are their ages? \_\_\_\_\_  
\_\_\_\_\_

## Questions about medical and psychological health

Information about medical or psychological care obtained in dealing with the abortion.

1. Have you had any counseling or therapy regarding the abortion? \_\_\_Yes \_\_\_No
2. How long ago? \_\_\_\_\_ Duration \_\_\_\_\_ Was the therapy helpful? \_\_\_Yes \_\_\_No
3. Are you currently in counseling or therapy? \_\_\_Yes \_\_\_No  
For what reason? \_\_\_\_\_  
Name of Therapist and/or Doctor: \_\_\_\_\_
6. Have you ever been diagnosed with any emotional or psychological disorder(s)?  
\_\_\_Yes \_\_\_No If yes, what was the diagnosis? \_\_\_\_\_
7. Are you on any medication for psychological reasons? \_\_\_Yes \_\_\_No  
If yes, what kind(s) (name and dosage)? \_\_\_\_\_  
\_\_\_\_\_
8. Do you have any medical problems, special needs, or dietary needs that we should be aware of? \_\_\_\_\_
9. Is there anything else you would like us to know about you? \_\_\_\_\_
10. Do you Smoke? \_\_\_Yes \_\_\_No Catholic Charities is a smoke and tobacco free campus.
11. What religious faith are you? \_\_\_\_\_  

You do not need to be Catholic or even Christian to participate in a Rachel's Vineyard Retreat. The retreat is Catholic in its presentation and you will have opportunities to attend mass and to receive private counseling from a priest.
12. How did you hear about this retreat? \_\_\_\_\_
13. Do you have any questions, comments or concerns? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_