

# Who do you say that I AM?



*EQUIP for Ministry*  
Spirituality RETREAT

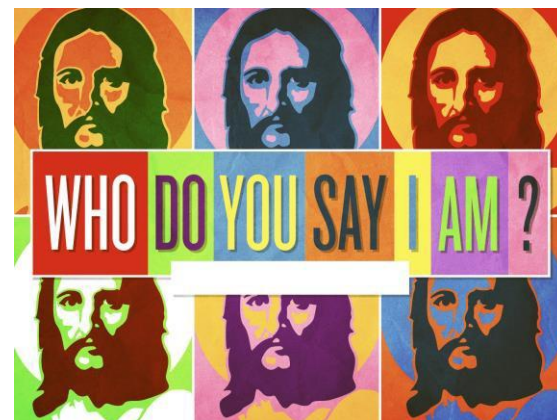
This retreat is one of two courses required for our new Preliminary Certification in *EQUIP for Ministry*.

Friday evening, July 8<sup>th</sup>  
6-9 pm and  
Saturday, July 9<sup>th</sup>  
8:30 am – 2:30 pm

St. Philip Neri Parish  
6405 S. Orchard Rd.,  
Linthicum Heights, MD  
21090

**C**ome and join your fellow parish ministers as you explore prayer in Scriptures and approaches to prayer in your life.

**T**his retreat will help you to understand your part in the mission of Christ and how you are called to live out this mission in your parish!

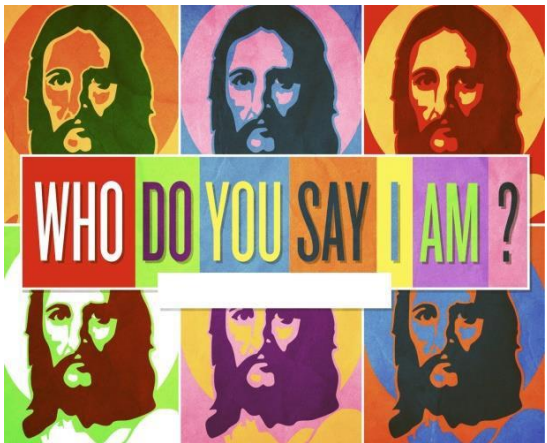


**R**egistration only

\$50 per person

*Please bring a bag lunch for Saturday*

Use the form on the reverse side to register. Return the form to the director of your ministry at your parish, or [rdeludos@archbalt.org](mailto:rdeludos@archbalt.org)



Who  
do you  
say that  
I AM ?

**RETREAT**  
For ALL Parish Ministers  
And Volunteers  
Friday and Saturday  
July 8<sup>th</sup> & 9<sup>th</sup>, 2016



To register:  
E-mail [rdeludos@archbalt.org](mailto:rdeludos@archbalt.org)

For questions:  
Contact [Julie.stcroix@archbalt.org](mailto:Julie.stcroix@archbalt.org)

**Equip for Ministry Spirituality Retreat**  
**St. Philip Neri, July 8<sup>th</sup> and 9<sup>th</sup>**  
**Registration Form**

Name: (First) \_\_\_\_\_ (Last) \_\_\_\_\_ (Maiden) \_\_\_\_\_

Address: \_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip Code)

Email: \_\_\_\_\_ Phone: \_\_\_\_\_ (Home) \_\_\_\_\_ (Cell)

Parish: \_\_\_\_\_ Location: \_\_\_\_\_

Payment Enclosed?  yes  no