



Thank you for inquiring about the RETROUVAILLE PROGRAM. (Pronounced RE - TRO - VI)

Retrouvaille is helping couples rebuild loving relationships. If there is little or no meaningful communication, if you are considering separation or divorce, we believe Retrouvaille can help. Retrouvaille is not a spiritual retreat, not a seminar, not a social gathering, nor is it counseling. You will not be asked to share your problems with anyone else but your spouse. You will be asked to work together as you face the hurt and pain in your relationship in order to rediscover each other in a new and positive way. Retrouvaille is presented by a priest and married couples who have experienced disillusionment and pain in their own marriage relationships and are willing to share their stories with you.

The Retrouvaille program consists of both a weekend phase and a 6-session post weekend phase. The weekend phase will be held at The Embassy Suites Hotel in Livonia. Check-in time on Friday will be 7:00 to 7:30 pm, and the program will end at approximately 5:00 pm on Sunday. The 6-session post weekend phase will be held at a local church on either Saturday evenings or Sunday afternoons. A schedule of the post weekend sessions will be provided with your confirmation or can be found on our Detroit Retrouvaille website www.retrouvaille.info. Marriages don't break down in one weekend, and it would be unrealistic to assume that a marriage can be repaired in one weekend. It is most critical to attend the post weekend phase of the Retrouvaille program if you have expectations of restoring the health of your marriage.

For further information, contact Mark & Betty Squier – 586-296-9589

If you and your spouse decide to register, return the enclosed registration form with your \$300.00 registration fee made payable to Retrouvaille of Metro-Detroit as soon as possible so that we can make the hotel reservations. This registration fee is non-refundable, but it is transferable to another program date. A voluntary contribution to help cover expenses of the weekend and post weekend will be requested during the weekend (i.e. rooms, meals, & program materials). No couple is ever denied an opportunity to heal and renew their marriage due to financial difficulties. If you are concerned about the program cost, please contact a Registration Couple to discuss your situation.

If you are seeing a counselor or psychiatrist, it is advisable to notify him/her of your decision to attend this Program. If your counselor or psychiatrist has any concerns or questions about your participation in the Program, have them call one of the Registration Couples listed above.

After we receive your registration, a confirmation letter and directions will be sent to you.

Message of Hope

“We didn't know what to expect. We were willing to try, but not sure it would help. We were certain it couldn't hurt, and knew that if something didn't happen soon, it would be too late.”

*Thank you and God bless you,
Retrouvaille - A Christian Peer Ministry*

RETRouvaille REGISTRATION FORM

FOR THE WEEK-END OF _____

Month, Date, Year



HUSBAND'S NAME (First, Last) _____

WIFE'S NAME (First, Last) _____

NAME (or Nickname) PREFERRED _____

NAME (or Nickname) PREFERRED _____

ADDRESS _____

ADDRESS _____

CITY, STATE, ZIP _____

CITY, STATE, ZIP _____

() _____

() _____

HOME PHONE NUMBER (Best time to call) _____

HOME PHONE NUMBER (Best time to call) _____

() _____

() _____

CELL PHONE NUMBER (Best time to call) _____

CELL PHONE NUMBER (Best time to call) _____

PREFERRED # FOR CALLS – Home Cell

REFERRED # FOR CALLS – Home Cell

EMAIL ADDRESS (Print clearly) _____

EMAIL ADDRESS (Print clearly) _____

HUSBAND'S RELIGION _____

WIFE'S RELIGION _____

NAME OF CHURCH _____

NAME OF CHURCH _____

IN THE CITY OF _____

IN THE CITY OF _____

WEDDING ANNIVERSARY DATE: _____
Month, Date, Year

What is your current marital status? Married Separated Divorced

Is this your first marriage? Husband Yes No Wife Yes No

of Children Living at Home _____

Is either spouse seeing a counselor? Husband Yes No Wife Yes No

Is either spouse seeing a psychiatrist? Husband Yes No Wife Yes No

IF THE FACILITY HAS OPTIONS, indicate your preference: Queen size OR 2 Double beds

Hearing Impairment, Disability, Language, or Literacy Problems? Yes No If yes, explain.

Do you have any dietary restrictions? Yes No If yes, list.

Where did you hear about Retrouvaille? _____
(Note: If from family or friends, where did they hear about Retrouvaille?)

Please mail this form to the address below with your **registration fee of \$300.00 payable to Retrouvaille of Metro-Detroit** as soon as possible in order to reserve space. Early registration is most desirable due to limited capacity. If you are unable to attend the program you registered for, your registration fee is transferable to another program date.

Retrouvaille Program
18039 Summer Lane S.
Fraser, MI 48026



Prior to the week-end, we will send you a confirmation letter with directions to the Hotel and a list of items to bring.