

# Grieving with Great HOPE

## WEEKEND WORKSHOP

**April 5:** 7:30 p.m. - 9:30 p.m. • Shrine Church

**April 6:** 10:00 a.m. - 4:00 p.m. • Murray Hall

**Saint Catherine Labouré**

4000 Derry Street • Harrisburg PA • 717-564-1321

WITH SUPPORT FROM:



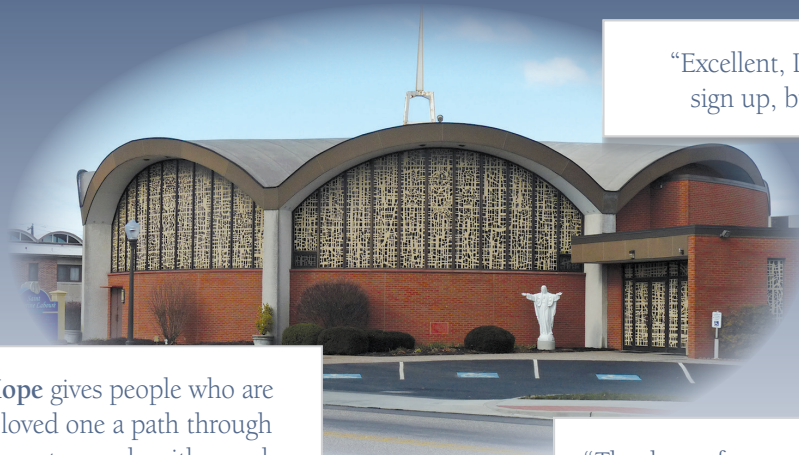
**Neill Funeral Home, Inc.**  
"For the Perfect Tribute"

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717-737-8726

~ Your Needs, Your Wishes, Your Choices... Our Commitment ~

There are no stages to grief. We all experience loss in our own unique way. Healing is an intentional process, where we gather together as a community of faith to become disciples of hope. It is through prayerful reflection, practical learning and personal fellowship that we mourn. "Grieving with Great HOPE" is a weekend grief support workshop for anyone who is grieving the death of a loved one. Presenters will include Very Reverend Father Neil Sullivan, Pastor, Saint Catherine Labouré Parish, as well as John and Sandy O'Shaughnessy from Good Mourning Ministry, a Catholic bereavement apostolate.



“Excellent, I wasn’t going to sign up, but glad I did.”

“Grieving with Great Hope gives people who are mourning the loss of a loved one a path through the valley of grief. It connects people with people, here on earth and on their way home. And in the end, we are all led to the Great Healer, Jesus Christ in the presence of the Blessed Sacrament.”

— Fr. John Riccardo

“Thank you for providing this safe and welcoming place to grieve and for gently guiding us further along our paths to healing empowering us along our way.”



Please detach and send with payment to **parish office:**

SCL Parish Office  
4000 Derry Street  
Harrisburg, PA 17111  
Attention: GWGH



**Requested Registration: \$20.00**

Make checks payable to:  
Saint Catherine Labouré  
Phone: 717-564-1321

E-mail: [parish@sclhbg.org](mailto:parish@sclhbg.org)

Or register online at [sclhbg.org](http://sclhbg.org)  
Deadline to Register is March 25

## Grieving with Great HOPE • April 5-6 Weekend Workshop

### REGISTRATION FORM

*Please print clearly and complete form. One registration for each participant.*

Name (s): \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

☐ Male ☐ Female Age Group: 18-25 26-35 36-45 46-55 56-65 66-75 75+

Please tell us your loss or losses: Spouse Child Grandchild Parent Grandparent Friend

And or Other: \_\_\_\_\_

Date of death: \_\_\_\_\_ Was your loss sudden? \_\_\_\_\_

If you like, please list name of your loved one: \_\_\_\_\_

Please list any other losses in the last 5 years: \_\_\_\_\_

Please tell us anything else you think we should know: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_