

## THE INTER-CONGREGATIONAL ADDICTION PROGRAM

ICAP is a network of recovering addicted women in religious orders. It helps Roman Catholic women who are members of religious orders and are alcohol or chemically dependent, compulsive eaters, compulsive gamblers, etc. In addition to its summer retreats, ICAP networks sisters through information, referrals, assistance in meeting other members, telephone support, and email support.

*"WALKING AND WORKING WITH SISTERS TO INITIATE AND SUSTAIN RECOVERY"*

### FOR MORE INFORMATION CONTACT:

Sr. Mary Gene Kinney at  
773-852-3608  
mginn2@aol.com

or

Sr. Letty Close at  
773-612-5207  
lclose@bvmsisters.org

or

Colleen Richards at  
248-393-8994  
crichards@guesthouse.org

## 2020 SCHEDULE

**June 28 - July 4, 2020**

**Carmelite Spiritual Center**

Darien, IL

Program begins June 28th at 4:00 PM  
and ends July 4th at 12:00 PM

**August 2-8, 2020**

**Guest House for Women Religious**

Lake Orion, MI

Program begins August 2nd at 3:30 PM  
and ends August 7th at 7:30 PM



# ICAP

## INTER-CONGREGATIONAL ADDICTION PROGRAM

### 2020



RETREATS FOR WOMEN RELIGIOUS

**JUNE 28 - JULY 4**  
**CARMELITE SPIRITUAL CENTER**  
**DARIEN, IL**

**AUGUST 2-8**  
**GUEST HOUSE, LAKE ORION, MI**

*GuestHouse*<sup>®</sup>

Thank you to Guest House for  
their continued support of this program

**THE INTER-CONGREGATIONAL ADDICTION PROGRAM (ICAP) is offering two sessions of week-long 12-Step retreats for women religious in the summer of 2020.**

These “interactive” retreats are based on the 12 Steps of Alcoholics Anonymous and are intended for women religious who have been “working a program” of 12-Step recovery for at least six months. The purpose of these retreats is to strengthen recovery through the sharing of experience, strength and hope with other women religious in recovery. Opportunities may include the Sacrament of Reconciliation, Eucharist or non-liturgical group prayer, massage therapy by certified therapists, and walking. Retreatants have private rooms, and the meals accommodate special nutritional needs.

**REGISTRATION FEE** for the week-long retreat, including meals and overnight accommodations, is \$510 for the Darien, IL, retreat facility and \$415 for the Lake Orion, MI, facility; scholarships are available based on request.

**CANCELLATION & REFUNDS**

A refund of fees paid, less \$50, will be made if cancellation notification is received prior to start of the retreat date.



# RETREAT FEE & INFORMATION

**Full Registrants:**

- \$510 Darien location includes six nights room and five days board.
- \$415 Lake Orion location includes six nights room and five days board.

**Commuters:**

- \$85 per day-Darien Location;
- \$60 per day-Lake Orion Location  
*(both include three meals)*

**Scholarships:**

Available to those Sisters in need.  
*\*Please state amount needed on registration form.*

**MAIL TO:  
ICAP**

P.O. Box 30346 Chicago, IL 60630

Make checks or money orders payable to: **ICAP**



**Registration Form**

**I will attend the following retreat:**  **Carmelite Spiritual Center Darien, IL** June 28-July 4, 2020 | \$510 Reg. Fee  
Registration Due by June 8  
*Handicap accessible rooms available*

**Guest House for Women Religious Lake Orion, MI** August 2-8, 2020 | \$415 Reg. Fee  
Registration Due by July 15

Registration \$ \_\_\_\_\_

I have added \$ \_\_\_\_\_ as a gift to the retreat scholarship fund.

\*\*\$ \_\_\_\_\_ scholarship help would be appreciated.

Check enclosed for entire amount  \$50.00 Deposit enclosed (balance due at time of arrival)

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Name of Religious Community: \_\_\_\_\_ Initials of Community: \_\_\_\_\_  
The 12-Step Program(s) I work: \_\_\_\_\_

**I'll need local transportation to and/or from the retreat facility:**  YES  NO

If yes, please complete travel information form below:

**I will arrive by (circle one):**

**TRAIN PLANE AUTOMOBILE**

**Arrival Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_

**Airport:** \_\_\_\_\_ **Train/Bus Time:** \_\_\_\_\_

**Airline:** \_\_\_\_\_ **Flight #:** \_\_\_\_\_

**Departure Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_

**Airport:** \_\_\_\_\_ **Train/Bus Time:** \_\_\_\_\_

**Airline:** \_\_\_\_\_ **Flight #:** \_\_\_\_\_