

AT THE SPIRITUAL CENTER OF MARIA STEIN



We have all been created to know and live in the love of Christ. Living in the love of Christ gives our lives meaning and joy. However, life's endless distractions, busyness and drama can make it difficult to maintain our focus on the life Christ is calling us to live. As we begin to focus on our problems and struggles, God's promises to us can begin to seem powerless to quiet our fears, soothe our grief, lift our worries or even motivate our obedience.

But when we do begin to put our focus on the Lord, it changes everything. It is written in Jeremiah 29:11, for I know the plans I have for you, declares the Lord, plans to prosper and not to harm you, plans to give you hope and a future. So when daily struggles and issues arise, we need to remember that God is going to see us through the problems calling to mind Romans 8:31, if our God is for us, who can be against us!

Your problems may be big, and in some cases bigger than you know,

But our God is bigger and his promises are stronger

The Life in the Spirit Seminar is built for all levels of faith as an opportunity to be inspired by Christ's love and example. Throughout the weekend there will be opportunities for Adoration, Reconciliation and Holy Mass, as well as praise and worship and many other activities. Come with an eager and open heart ready to experience a new prayer life, and to build relationships with other brothers and sisters in Christ as we are all witnesses to a God who is bigger than all of our problems!!

WHAT'S GOING ON...



1ST TALK

THE FIRST SESSION OFFERS A SIMPLE PRESENTATION OF GOD'S LIFE, GOD'S UNCONDITIONAL LOVE, AND THE ONGOING PERSONAL INVITATION TO A RELATIONSHIP WITH GOD. THE FIRST TALK ALSO EXPLAINS THE SEMINAR AS AN OPPORTUNITY FOR SPIRITUAL FORMATION.

2ND TALK

THE SECOND TALK FOCUSES ON THE IMPORTANCE OF CHRIST AND THE GIFT OF SALVATION. JESUS IS SHEPHERD, HEALER, LORD, AND REDEEMER. BEING A CHRISTIAN AND LIVING IN THE SPIRIT OF JESUS INVOLVES COMMITTING AND RECOMMITTING OURSELVES TO A WAY OF LIFE. THE PRESENTATION EXPLAINS THE BASIC GOSPEL MESSAGE AND WHAT IT MEANS TO LIVE AS DISCIPLES IN GOD'S KINGDOM. WE ARE PRESENTED WITH THE DAILY CHOICE BETWEEN GOOD AND EVIL, BETWEEN SIN AND REDEMPTION. THIS IS A SOBERING INVITATION.

THE THIRD TALK CENTERS ON THE PROMISE OF NEW LIFE IN JESUS. IT HELPS PARTICIPANTS REALIZE THE GOODNESS OF THE GIFT BEING OFFERED TO THEM. AN EXPLANATION OF HOW JESUS LIVED IN THE SPIRIT IS GIVEN. THE BAPTISM OF JESUS BECOMES OUR MODEL. A WITNESS IS GIVEN ON THE PLACE OF GIFTS, FRUITS, AND CHARISMS OF THE SPIRIT IN DAILY LIFE.

THE FOURTH TALK IS THE PREPARATION FOR COMMITMENT TO JESUS CHRIST AND OPENNESS TO THE SPIRIT. THIS IS THE TALK IN WHICH THE PROCESS OF CONVERSATION IS EXPLAINED AS AN ESSENTIAL PART OF THE CHRISTIAN LIFE. THIS IS THE TALK IN WHICH PEOPLE ARE CALLED TO REORIENT THEIR LIVES AS NEEDED. THE PRESENTATION EXPLAINS HOW TO TURN TO THE LORD, (REPENTANCE AND FAITH) AND WHAT IS INVOLVED IN BEING BAPTIZED IN THE SPIRIT. IN THE PERSONAL CONTACT WITH THE FAITH SHARING FACILITATOR AND/OR SPONSOR, THE PEOPLE IN THE SEMINAR CAN WORK OUT ANY PROBLEMS AND RECEIVE PERSONAL HELP.

THE FIFTH TALK IS FOR RENEWAL OF BAPTISMAL VOWS AND PRAYER FOR BAPTISM IN THE SPIRIT. PEOPLE ALSO EXPERIENCE A VARIETY OF GIFTS AND CHARISMS THAT ARE CLOSELY RELATED TO A RELEASE OF THE SPIRIT. THE WHOLE SESSION IS SET ASIDE FOR PRAYER.

6TH TALK

THE SIXTH SESSION IS ABOUT PERSEVERING IN OUR BAPTISMAL VOCATION AS DISCIPLES OF JESUS. PARTICIPANTS ARE CHALLENGED TO MAKE THE DECISIONS AND CHANGES NECESSARY TO MAINTAIN THE LIFE IN THE SPIRIT, WHICH THEY HAVE EXPERIENCED IN SOME WAY. THE FOCUS OF THE PRESENTATION IS ON PRAYER, COMMUNITY, SCRIPTURE, SACRAMENTS, AND SERVICE.

THE SEVENTH SESSION IS THE FINAL SESSION. IT OFFERS A VISION OF BOTH TRANSFORMATION AND MISSION THROUGH THE LIFE IN THE SPIRIT. THE HOLY SPIRIT IS AT WORK CHANGING US AND ENABLING US AS CHURCH TO CHANGE THE WORLD. AS WE CHOOSE TO GROW IN PERSONAL RELATIONSHIPS AND JOIN OURSELVES EVER MORE CLOSELY TO THE BODY OF JESUS WE WILL BEAR FRUIT. WE MUST PERSEVERE IN THIS WORK DESPITE TRIALS AND DIFFICULTIES.

MARCH 22ND - 24TH 2024

REGISTRATION BEGINS FRIDAY NIGHT @ 5:30 P.M. **AT THE SPIRITUAL CENTER** OF MARIA STEIN

2365 SAINT JOHNS RD MARIA STEIN, OH 45860

REGISTERATION FORMS ARE AVAILABLE OR YOU CAN REGISTER ONLINE:

www.LifeInTheSpirit-Seminar.com
FaceBook (Life in the Spirit Seminar)



HOLY SPIRI

THERE WILL BE A PUBLIC JOINT PRAYER SESSION ON SATURDAY EVENING AT THE SPIRITUAL CENTER. OF MONTEZUMA

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RETURN FORM TO:



KELLY HORSTMAN 4086 LANGE ROAD ST. HENRY, OH 45883

PAYMENT:

MAKE CHECKS PAYABLE TO: LIFE IN THE SPIRIT SEMINAR

FOLLOW US ON...

FAT





FOR FINANCIAL ASSISTANCE
PLEASE CONTACT: KELLY HORSTMAN 567-644-4363 OR 419-678-8649

REGISTRATION DEADLINE: SUNDAY, MARCH 3 RD **LATE REGISTRATION DEADLINE IS MARCH 10TH AN ADDITIONAL \$20 LATE FEE APPLIES

Kelly Horstman 4086 Lange Rd. St. Henry, OH 45883 PRSRT STD U.S. POSTAGE PAID CELINA, OH PERMIT NO. 47

ARCHDIOCESE OF CINCINNATI PERMISSION, RELEASE AND MEDICAL POWER OF ATTORNEY

 I, the lawful parent or guardian of 	the "child"), give permission for my child to participate in the activity described on the Activity Information form and release from all
liability and indemnify the Archbishop of Cin	cinnati ("the Archbishop"), both individually and as trustee for the Archdiocese of Cincinnati and all parishes and schools within the Archdiocese (the "Archdiocese"),
and their officers, agents, representatives, v	plunteers, and employees from any and all liability, claims, judgments, cost and expenses, including attorneys' fees, arising out of any injury or illness incurred by my
child while participating in or traveling to or	from the activity and further agree not to bring or prosecute or allow to be brought or prosecuted (including but not limited to prosecution through subrogation) in my
name, or on behalf of my Child, any claims, I	awsuits or actions against the Archbishop, the Archdiocese, and their officers, agents, representatives, volunteers and employees.

- 2. I further understand that my Child's participation is purely voluntary and is a privilege and not a right, and that my Child, and I on behalf of my Child, elect to participate in spite of the risks.
- 3. I agree to instruct my child to cooperate with the Archbishop or his agents in charge of the activity.

 4. I appoint the Archbishop or his agents who are acting as leaders of the activity as my attorney in fact to act for me in my name and my behalf, in any way that I would act if I were personally present, with respect to the following matters if any injury, illness or medical emergency occurs during the activity or related travel:
- (i) To give any and all consents and authorizations to any physicians, dentist, hospital or other persons or institutions pertaining to any emergency medications, medical or dental treatments, diagnostic or surgical procedures or any other emergency actions as our attorney shall deem necessary or appropriate for the best interest of the Child.
- (ii) I understand that the agents of the Archbishop will make a reasonable attempt to contact me as soon as possible in the event of a medical emergency involving my child.

 5. This power of attorney shall lapse automatically upon completion of the activity and related travel.
- 6. I agree that the Archbishop or his agents may use my child's portrait or photograph for promotional purposes, website and office functions.
- 7. This acknowledgment and release is intended to be as broad and inclusive as permitted by the law of the State of Ohio, and if any portion hereof is declared invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. This acknowledgment and release shall be construed in accordance with the laws of the State of Ohio, except for the choice of law provisions thereof. I have carefully read and understand and accept the terms and conditions stated herein and acknowledge that this Permission, Release and Medical Power of Attorney shall be effective and binding upon me, my Child, and my own and my Child's personal representative or estate, assigns, heirs, and next of kin and that I have signed this agreement of my own free will.

Signature of Parent or Guardian					Date	/	1				
Home Address			City		Zip						
Place of Employment	Work Address		City			_ Zip					
Parent or Guardian Phone No. (w)		(h)				_					
Emergency Contact		Phone No. (w)			(h)						
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Medical Information — Completed by Parent or Guardian — Please Print											
medical information — completed by Parent of duardian — Please Print											
Child's Name		Birth date	1 1	Child's Soc. Sec. No. *							
Allergies	_ Medications		Chronic Conditio	ns (e.g. epilepsy, diabetes)							
Medical Insurance Co			Poli	cy No							
Member's Name			Phone No. (h)		(w)						
Member's Birth date/ /	Member's Soc. Sec. No. *		Family Doctor _		Phone No						

* Social Security Number is optional. Please note that some hospitals WILL NOT treat without it.