

Registration Form

Prayer and Meditation Retreat at the Springs Sunday, July 26 to Tuesday, July 28, 2026

“Practicing your Path” – an 11th Step retreat to broaden the path of conscious contact. We will look at different ways to express our desire to know our God in a deeper, more intimate way.” This Retreat is for women members of AA only.

**St. Francis Springs Prayer Center
477 Grogan Rd.
Stoneville, North Carolina 27048**



Focusing on AA’s 11th Step, this retreat offers space for peace, clarity, and a deeper connection with our Higher Power. It’s a time for stillness and spiritual renewal. *Open to AA women.*

The cost of the Retreat is \$300.00. Registration fee includes two nights' accommodations, dinner on Sunday, three meals on Monday, and breakfast and lunch on Tuesday.

Our Retreat Leader: Cynthia “Cindy” Sloan

Cindy is a member of We Need Each Other and attends the Women’s Serenity and AA Work in Progress groups in Matthews, NC. She has served as a hospital chaplain and substance abuse counselor in several treatment centers and has been a licensed clinical addiction specialist (LCAS) since 2006. Cindy also worked as Assistant Program Director for the Special Program on Substance Abuse and Related Violence with the United Methodist Board of Global Ministries. Trained at the Betty Ford Treatment Center in intervention and certified in Spiritual Caregiving for Addicts and Families, Cindy brings deep experience and compassion to her work. She is a trained retreat leader and is completing certification in Spiritual Direction. Cindy is passionate about reducing shame and stigma around addiction. In her free time, she enjoys gardening, knitting, and painting with oils and watercolor.

For more information text or call Betty Gregory @ 980-515-8325. For Cash App call Betty G. Pay by check or with Zelle @ 704-491-1519 for “Prayer & Meditation Retreat.”

Clip & mail to: Betty G., Prayer & Meditation Retreat, 2422 Purser Dr., Charlotte, NC 28215

Name _____ Email _____

Phone _____ Amount Enclosed: \$ _____

St. Add. _____ City, State, Zip _____

Special needs: _____