Belvedere Family Church: SR1 Two-Day New Life Divine Principle Retreat

Justin Okamoto October 11, 2022



Dear brothers and sisters,

We will be having a Two-Day Divine Principle Retreat from October 21-22 at UTS.

We will be covering an overview of the Divine Principle (we will not be testifying to True Parents or covering TPs life course in this workshop)

Therefore, the main Target Attendees:

Guests who are at least a Healthy Base 1 Studied up until Divine Principle Chapter 2 The Human Fall Consistently studying the Divine Principle Spiritual Parent of all guests/new members who are attending *Any members interested in attending and refreshing themselves on the DP

Dates: October 21 - 22 *Suggested to arrive the evening of the 20th

Location: UTS at Barrytown - 30 Seminary Dr, Barrytown, NY 12507

Fee: \$135 per person, however, SR1 will offer a \$1000 donation to support and District 2 and 3 will offer a \$25-\$30 discount through a coupon code.

Registration page: <u>hsa.regfox,com/sr1-dp-retreat</u>

For any further questions, please reach out to either Joshua Holmes at <u>jholmes@ unification,org</u>, Resfred Arthur at <u>rarthur@ unification,org</u>, or Atsushi Takino at <u>takino7@ optonline,net</u>

Sincerely,

Eunmi Ange Rangala NE Subregion Administrative Assistant Family Federation USA HSA-UWC E: <u>eunmirangala@ gmail.com</u> 481 8th Avenue, Suite 1219, New York, NY 10001 www,familyfed.org



REGION 1 PRINCIPLE REAT OCT 21

2 DAY Divine Principle Workshop

Join us for 2 days of an in-depth dive into the Divine Principle. You'll also be sharing unforgettable moments surrounded by the foliage of Barrytown, NY.

Dates: October 21 - 22

Cost: \$135 (\$80 with coupon code)

Location: UTS at Barrytwon | 30 Seminary Dr, Barrytown, NY 12507

** We Suggest arriving on the evening of October 20th since we'll be starting early the next day.

First Name	E
Last Name	
Email *	
Email Address	

C Total Cost (\$135.00)

(Don't forget to apply your coupon code for a \$55 discount)

Donation

\$

First Name	
Last Name	

Total \$0.00

\$ \$().	0	0)																																													
							1		-		(=	-		 -	1		1		1	-		1	-		-	-		1		-						1	1	-			1		1	1	1		1		1

Billing Information

Name *
First
Last
Card Number *
Card Number
VISA MARIERIAN DISCOVER
Expiration Date *
Month Year CVV
Country *
United States
Address *
Street Address
City, State and ZIP Code *
City
State
ZIP Code
Email *
Email Address
Confirm Email *
Confirm Email Address
Phone Number *