

2016 Retreat Reservation Form

Retreat Title: _____

Arrival Date: _____

Departure Date: _____

Last Name

Religious Cong/
Assoc. Initials

First Name

Age

M/F

Street Address

City

State

Zip Code

Preferred Telephone Number

Email Address

Emergency Contact Name (1)

Contact Telephone Number

Emergency Contact Name (2)

Contact Telephone Number

Do you **NEED** a room on the first floor?

Yes No

If **NECESSARY**, can you have a room above
the second floor?

Yes No

*The historic structure of Saint Mary by-the-Sea does
not provide a safe environment for persons with limited
mobility. We regret that we are not able, for safety reasons,
to accommodate persons who use walkers, mobility
scooters, or wheelchairs.*

*We have almost 50 third-floor rooms and cannot accept all
reservations without using them.*

Health Requirements/Room Preference:

Please check if gluten-free

Director Preference for Directed Retreats

1st _____

2nd _____

3rd _____

If we cannot honor your preferences, may we assign
someone else? Yes No

Do you prefer woman man either?

Please check if this is your first directed retreat

OFFICE USE ONLY, DO NOT WRITE IN THIS BOX

Date _____ Check # _____

Deposit _____ Balance _____

Include \$50 NON-REFUNDABLE DEPOSIT (no more than \$50, please).

Include a SELF-ADDRESSED STAMPED ENVELOPE.

If several confirmations are to be mailed together, put all names on the envelope.

Saint Mary by-the-Sea • 101 Lehigh Avenue • Box 382 • Cape May Point, NJ 08212-0382