

2020 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 this is your first overnight retreat at Saint Mary by-the-Sea.

Director Preference (Directed Retreats ONLY)

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 _____

Make checks payable to Sisters of Saint Joseph.

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