

# 2019 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**