RETREAT FOR DEACONS 2026

JUNE 5-7

SAN ALFONSO RETREAT HOUSE

755 OCEAN AVE, LONG BRANCH, NJ 07740

732-222-2731, X139

info@sanalfonsoretreats.org

www.sanalfonsoretreats.org

Registration with $50 deposit sent directly to San Alfonso is required by May 26, 2026.

Stipend: $325

To register and pay online :

www.sanalfonsoretreats.org

San Alfonso Retreat House
755 Ocean Avenue
Long Branch, NJ 07740
Phone: 732-222-2731, x140 Fax 848-800-8717
E-mail: info@sanalfonsoretreats.org

2026 DEACON'S RETREAT REGISTRATION FORM

June 5-7, 2026

I would like to register for the **Retreat for Deacons** on (date): _____

Last Name: _____ **First Name:** _____ **Prefix:** _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

E-mail: _____ ***Cell Phone:** _____
*REQUIRED

(Arch) Diocese of: _____ **Parish:** _____

Payment Information – Retreat Stipend $325

*To reserve a space on a retreat, please complete the registration form and enclose a **$50 non-refundable deposit**. Please make checks payable to: **San Alfonso Retreat House**. Stipend balance can be paid upon arrival with check, cash or credit card. Credit card payments for both deposits and balances can also be made on our website. There will be a 3% credit card processing fee for payments made at check-in.*

Deposit: _____ **Balance Due:** _____

Special Needs

If you have any special needs (physical, dietary or other) that we should be aware of, please note them here. (Due to current protocols and limited availability of handicap accessible rooms, specific room requests may not be able to be accommodated.) Please note that our North Wing does not have an elevator and requires the use of stairs. If you are unable to manage stairs, please note that here so that room assignment can be made accordingly.

_____

_____

Health and Safety Guidelines

Please be aware that attendance at a retreat may be contingent upon any assessed health risk level at the local community or state level. Retreatants will be asked to assess their personal health situation prior to the retreat to discern whether it is safe to attend at that time.

Signature: _____ **Date:** _____