San Alfonso Retreat House

755 Ocean Avenue

Long Branch, NJ 07740

Phone: 732-222-2731 Fax 848-800-8717

E-mail: info@sanalfonsoretreats.org

2026 DAY OF PRAYER REGISTRATION FORM

(See website for list of available dates in 2026)

I would like to register for the Day of Prayer on (date):_____

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

Address: _____

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

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

***REQUIRED**

Parish or Group: _____

Group Captain: (If known) _____

Payment Information – Day of Prayer Stipend $50-$60 *(sliding scale – pay as you are able)*

*To reserve a space, you can complete this registration form and mail with your **non-refundable payment** with check payable to: **San Alfonso Retreat House**. Payment can also be paid upon arrival with check, cash, or credit card.*

Credit card payments can also be made on our website. There will be a 3% credit card processing fee for payments made at check-in.

Payment Amount:_____

Special Needs

If you have any special needs that we should be aware of, please note them here.

_____

_____

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:** _____