

*San Alfonso Retreat House*  
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**2026 MEN'S WEEKEND RETREAT REGISTRATION FORM**

**JULY 17-19 • SEPTEMBER 11-13**

I would like to register for the Men's Weekend Retreat 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 – 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 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: \_\_\_\_\_