San Alfonso Retreat House 755 Ocean Avenue

Long Branch, NJ 07740

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E-mail: info@sanalfonsoretreats.org

2026 SISTER'S GUIDED RETREAT REGISTRATION FORM August 9-14, 2026

I would like to register for th	ne Sister's Retreat on (date):	
Last Name:	First Name:	
(PLEASE PRINT) Community Initials	Convent:	
Address:		
City:	State:	Zip:
E-mail:		
Phone: (*Cell)	(Work)	
processing fee for payments made Deposit:		
•	Special Needs	
protocols and limited availability of Please note that our North Wing of	ysical, dietary or other) that we should be aware of, ploof handicap accessible rooms, specific room requests medoes not have an elevator and requires the use of stairs in assignment can be made accordingly.	ay not be able to be accommodated.)
	Health and Safety Guidelines at a retreat may be contingent upon any assessed heal	
to attend at that time.	ked to assess their personal health situation prior to th	e retreut to discern whether it is safe
Signature:		Date: