

San Alfonso Retreat House
755 Ocean Avenue
Long Branch, NJ 07740
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E-mail: info@sanalfonsoretreats.org

SPRING RETREAT REGISTRATION FORM

April 13 – 15, 2026 (Monday -Wednesday)

I would like to register for the 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 \$325.00

*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: _____