



## 2024 Retreat Registration Form

I would like to register for \_\_\_\_\_

scheduled on date(s): \_\_\_\_\_.

### Retreatant's Contact Information

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (Cell) \_\_\_\_\_ (Work) \_\_\_\_\_

Email: \_\_\_\_\_

Special accommodations: \_\_\_\_\_

Dietary Restrictions: \_\_\_\_\_

### Retreat Fee

- The suggested offering for this retreat is \$\_\_\_\_\_.
- A non-refundable deposit of **\$ 50.00** is due with this registration for all overnight retreats.
- The remaining balance (\$\_\_\_\_\_) is due upon check-in.
- Checks are to be made payable to: **Villa Maria by the Sea Retreat Center.**

### Amount Enclosed *(Please check one)*

\$\_\_\_\_\_ check *(full payment)*     \$\_\_\_\_\_ check *(deposit)*; \$\_\_\_\_\_ due  
at check-in.

### Additional Information

- For more information, please email [s.jmcarr@vmbythesea.com](mailto:s.jmcarr@vmbythesea.com) or call 215-518-4989.

### COVID-19 Health and Safety Guidelines

*Please be aware that attendance at the retreat may be contingent upon the assessed risk level of COVID-19 at the time of the retreat. 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.*

**Please return this completed form and payment to:**

**Villa Maria by the Sea Retreat Center**

**101 111<sup>th</sup> Street**

**Stone Harbor, NJ 08247**

**609-964-7695**