

Marianist Family Retreat Center
PO Box 488
Cape May Point, NJ 08212
609-884-3829

OFFICE USE ONLY	
Post Mark _____	Ck# _____
Deposit \$ _____	Notified _____
Information Letter _____	

Individual, Couple & Family Retreat Application (Please Print – Mail in with Deposit)

RETREAT NAME: _____ Retreat Date Requested*: _____

*For *Summer & Advent Retreats*: if first choice is not available, please indicate 2 alternate dates by preference 1. _____ 2. _____

	Last Name	Familiar Name (For Name Tag)	Sex (M/F)	D.O.B. (mm/dd/yy)	Religion	Occupation
Applicant				___/___/___		
Spouse (if applicable)				___/___/___		
For Family Retreats, please list children attending in descending order of age.						AGE at RETREAT
Oldest Child				___/___/___		
Next Oldest				___/___/___		
Next Oldest				___/___/___		
Next Oldest				___/___/___		
Next Oldest *				___/___/___		

Note: Please write "CRIB" beside the name of child(ren) who can use one. * *Continue names on reverse side if necessary.*

APPLICANT MAILING ADDRESS: (Please check here if this is an address change.)

*Please be sure to fill in Street, City, State & Zip


Address: _____
Street
City
State
zip + 4

Phone #s: Home: () _____ Work: () _____
 Cell#1*: () _____ Cell #2*: () _____

*If applicable, please indicate whose work/cell phone numbers are listed, e.g. *M for mom or D for dad etc.*

E-Mail Addresses: _____

How (or from whom) did you hear about this retreat? _____

SPECIAL NEEDS: Example: Mary (First floor room) or Peter (peanut allergy).  Accommodations? ___ (please check)

(Regretfully we cannot accommodate special dietary needs, but do have **limited** storage for special food you may need to bring.)

MUSICAL TALENT(S): Name person and talent. Example: Anna (voice), Mike (guitar). Please bring instrument.

A DEPOSIT of \$ _____ is enclosed. (Make checks payable to: **MARIANIST FAMILY RETREAT CENTER.**) Applicants will not be accepted by telephone, fax, or e-mail, nor without a deposit. If you are unable to make a full deposit, please contact us.

FINANCIAL AID REQUESTED? Yes ___ (A FINANCIAL AID FORM WILL BE SENT TO YOU)

FIRST-TIMER AT MARY'S HOUSE? ___Yes ___No If "NO," please list names and years of retreats at this retreat center.

ADDITIONAL COMMENTS: On the reverse side of this application, please share with us some of your expectations for the retreat for which you are applying. **Couples Retreat Applications:** Please indicate wedding date. **Family Applicants:** Please write a brief description of your family and their primary interests (including names and ages of the children who are unable to attend the retreat) and how you presently see your family living Christian life together. Feel free to add any other comments which you consider appropriate.