



2025 Summer Family Retreat Weeks



Marianist Family Retreat Center
 417 Yale Avenue, Cape May Point, NJ 08212
 Questions? Please call 609-884-3829 or
 email us at: mfrc@capemaymarianists.org
www.capemaymarianists.org

Eight to ten families (Grandparents welcome too!) come together to form a Christ-centered community for the week. Mass and other family liturgies are complemented by skits, presentations, family sharing, peer group discussions, and fun activities. All join in community tasks, such as helping with cleanup after meals. Retreat themes focus on family enrichment and spiritual development through affirmation, communication, reconciliation, commitment, and spreading the "Good News."

Week #1	June 23 – 28	Week #5	July 21 – 26
Week #2	June 30 – July 5	Week #6	July 28 – August 2
Week #3	July 7 – 12	Week #7	August 4 – 9
Week #4SP	July 14 – 19*	Week #8	August 11 – 16

*Single-parent families only

Free time for recreation and ocean swimming daily!

PLEASE DO NOT POSTMARK APPLICATIONS BEFORE FEBRUARY 2, 2025

Schedule: Monday Arrival (2:00-5:00 pm) to Saturday (1:00 pm)

Cost: \$235 (8 yrs. to adults); \$160 (2-7 yrs.) *Maximum Fee per family is \$1,500.00 (\$950 Single Parent)*

Register and pay deposit online or print application here:

www.capemaymarianists.org

Or call today 609-884-3829

We accept many forms of payment including cash, check, credit cards, Venmo, PayPal.

(cut here)-----

Registration Form

Program: Summer Family Retreat Weeks 2025

1st choice: _____ 2nd Choice: _____ 3rd Choice: _____

A detailed package will be sent approximately two weeks prior to the retreat.

Name & D.O.B.: *** _____ Spouse & D.O.B.: _____

***Please list NAMES and DATES OF BIRTH and GENDER for all children on BACK of form.

Address: _____

City/State/Zip: _____

Phone: Home(____) _____ Work(____) _____

E-mail Address(s): _____

Occupation: _____ Spouse: _____

Please mail this form with a \$500/family (\$250 for Single-Parent) deposit (payable to the Marianists) that is deductible from the cost but non-refundable if canceled less than 2 weeks prior to the retreat date. Send to: Marianist Family Retreat Center, 417 Yale Avenue, PO Box 488, Cape May Point, NJ 08212-0488

Financial Aid?

Y ____

If yes, a financial aid form will be sent to you.

Please list *special needs* on reverse of this form (e.g. 1st floor room)



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