

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: _____ Date Requested: _____

If first choice of dates is not available, please indicate dates in order of preference. (1) _____ (2) _____ (3) _____

	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 time of RETREAT.
Oldest Child				__/__/__		
Next Oldest				__/__/__		
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.)

(Street/City/State/Zip + 4): _____

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

E-Mail Addresses: _____

How did you hear about this retreat? _____

SPECIAL NEEDS: Please name person and need. Example: Mary (First floor room).  Accommodations? ___ (please check)

(Regretfully we cannot accommodate special dietary needs, but will provide storage for food you 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.