



# 2024 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](mailto:mfrc@capemaymarianists.org)  
[www.capemaymarianists.org](http://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."

<b>Week #1</b>	<b>June 24 – 29</b>	<b>Week #5</b>	<b>July 22 – 27 **Special</b>
<b>Week #2</b>	<b>July 1 – 6</b>	<b>Week #6</b>	<b>July 29 – August 3</b>
<b>Week #3</b>	<b>July 8 – 13</b>	<b>Week #7</b>	<b>August 5 – 10</b>
<b>Week #4SP</b>	<b>July 15 – 20*</b>	<b>Week #8</b>	<b>August 12 – 17</b>

\*Single-parent families only

\*\*Special Family Retreat-call or see brochure or the website for details.

*Free time for recreation and ocean swimming daily!*

PLEASE DO NOT POSTMARK APPLICATIONS BEFORE FEBRUARY 2, 2024

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

**Cost: \$230 (8 yrs. to adults); \$160 (2-7 yrs.) Maximum Fee per family is \$1,450.00 (\$950 Single Parent)**

Register and pay deposit online or print application here:

[www.capemaymarianists.org](http://www.capemaymarianists.org)

Or call today 609-884-3829

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

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### Registration Form

#### Program: Summer Family Retreat Weeks 2024

1<sup>st</sup> choice: \_\_\_\_\_ 2<sup>nd</sup> Choice: \_\_\_\_\_ 3<sup>rd</sup> 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. 1<sup>st</sup> floor room)



**venmo**