2027 Registration Form

I would like to register for _____

scheduled on date(s)_____.

Participant's Contact Information

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (Cell) _____ (Work)_____

Email: _____

Special accommodations: _____

Dietary Restrictions: _____

Emergency Contact:_____Phone:_____

Emergency Contact Relationship: _____

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.

- For more information, please email s.jmcarr@vmbythesea.com or call 609-964-7695.

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 111th Street
Stone Harbor, NJ 08247