MARIS STELLA RETREAT CENTER
2026 REGISTRATION FORM - PLEASE PRINT CLEARLY!

Name: _____

Address: _____

City/State/Zip: _____

Cell Phone: _____

Email Address: _____

I wish to make reservations for:

- ☐ June 8 - June 14 Silent Directed or Private Retreat **(Circle Preference)**

- ☐ June 15 – June 21 Preached Retreat: Fr. James Worth
  "When People Get in the Way of Loving God"
  Learning to love in a hostile world

- ☐ June 22 – June 28 Preached Retreat: Fr Charles Pinyan
  "Encountering Jesus: Remembrance and Renewal"

Please make checks payable to: Sisters of Charity

- ☐ I have enclosed the $150.00 Non-refundable/Non-transferable deposit.
- ☐ I have enclosed the required amount of_____ as payment in full.

List any health concerns, special needs (e.g., accessibility, dietary restrictions, allergies):

_____

_____

Please include an emergency contact:

_____
Name Cell Phone Number

Mail to: Maryellen Whritenour
Maris Stella Retreat Center
7201 Long Beach Blvd. P.O. Box 3135
Harvey Cedars, NJ 08008