

RETREAT REGISTRATION FORM



Have you been here before? **Yes** **No**

If yes, please provide details:

Have you made a silent retreat or any kind of retreat before? **Yes** **No**

If yes, please provide details:

Please indicate where, when, how long it lasted, and in which Religious Community.

Could you please provide the name of your Pastor, the Parish you belong to and a phone number if possible?

Do you have any dietary restrictions? **Yes** **No**

Note: We prepare simple meals, many meatless.

If yes, please provide details:

Do you have any physical restrictions? **Yes** **No**

Note: Some Hermitages require a short walk on a wooded path to get to them.

If yes, please provide details:

What is your purpose for coming to Bethlehem?

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Requested date for your retreat?

If those dates are unavailable, secondary set of dates?

Choose: (\$75 Non-refundable deposit is required)

___ \$140 Weekend (Friday - Sunday)

___ \$350 for 5 days (Monday - Friday)

___ \$490 for a week (Monday - Sunday)

First Name: _____

Last Name: _____

Email: _____

Phone: _____

Street Address: _____

City: _____

State/ Province/ Region: _____

Zip: _____

Check #: _____

Bethlehem Hermitage

Joe O'Donnell - 908-645-3612
retreats@bethlehemhermitage.com

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We thank you for your interest in attending a retreat at our beautiful Bethlehem Hermitage. We will review your completed forms with the intention of responding back to you in the next couple of days.



We look forward to having you as a retreatant.

May God bless you and keep you in His care until then.

*The Bethlehem Hermitage
In the Heart Of Jesus*

Check payments: Make payable to "Hermits of Bethlehem" and mail to:

**Bethlehem Hermitage
82 Pleasant Hill Road
Chester, NJ 07930**