



## Retreat Registration

Retreat date: **February 15, 16 and 17, 2019**  
**Malvern Retreat House, Malvern PA**

Cost: \$200.00 per person (add an additional \$10.00 for yearly dues) includes individual (private) room, all meals, and access to all retreat activities and conferences. Please forward this registration form with a minimum deposit of \$100.00 to reserve your room. Please make check or money order payable to "Matt Talbot Group 19".

MAIL TO: Matt Talbot 439 W. 19<sup>th</sup> Ave. North Wildwood NJ 08260

Retreat Treasurer Contact Info: Joe Chelowski (856) 287-5640 or Email [somciro@aol.com](mailto:somciro@aol.com)  
FOR RECEIPT VERIFICATION, PLEASE CONTACT THE TREASURER AS SHOWN ABOVE

### **PLEASE NOTE THE FOLLOWING IMPORTANT CHANGES:**

1. **Registration will not begin prior to 5:00pm.**
2. **Registration check-in will now be held in the Memorial Hall Dining Room (near stairwell).**
3. **THERE IS NO ADMITTANCE TO ANY BUILDING OTHER THAN MEMORIAL HALL BEFORE 5:00PM;** however, members are free to walk the grounds. There will be a coffee station available for us in the Dining Room. Our suggestion is to delay your arrival until later in the day.

### \*\*\* IMPORTANT NOTICE \*\*\*

*If you are already a member of any Matt Talbot group, please indicate in the appropriate box below.*

(New retreatants omit initial dues payment from cost of retreat)

**\* REQUIRED**

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

Phone \_\_\_\_\_

ADVANCE DEPOSIT \$ \_\_\_\_\_

Email \_\_\_\_\_

(Please Check Which Applies)

I need Handicap accessibility

A special room is required for physical reasons (describe) \_\_\_\_\_

I need a ride

I am willing to give a ride

I am requesting room# (If possible, not guaranteed) \_\_\_\_\_

**I am a new retreatant**

(limited to Immaculate Conception and Assumption Halls)

**I am already a Matt Talbot member; my group & medallion number is: \_\_\_\_\_**

\$10.00 payment of yearly dues **only**