

The Call to Holiness

Deaf Men's Retreat

*San Alfonso Retreat House
755 Ocean Avenue, Long Branch, NJ 07740*

September 20-22, 2019

Deacon Patrick Graybill

All presentations and Masses in American Sign Language.



Deacon Patrick Graybill is renowned as the grandfather of ASL poetry; for his work at the National Theatre of Deaf and as a teacher at NTID. We know Deacon Pat for his faithful service as a Catholic Deacon, homilist, retreat director and workshop facilitator who has inspired many in the USA and throughout the world. Join other Deaf men for this weekend retreat at the beach at the beautiful Redemptorist Retreat Center. See the website for more information and directions at www.sanalfonso retreats.org.

On Friday, September 20th, registration at the Retreat Center starts after 4:00 pm; dinner will be served at 6:00 pm and the retreat begins at 7:30 pm. **The cost is \$240.00 per person for the whole weekend including 6 meals.** A \$50.00 per person NON-REFUNDABLE deposit is REQUIRED. You can pay the final balance of \$190.00 when you arrive at the Retreat House on September 20th. **The deadline for registration is August 25, 2019.** Please reserve your place by making your down payment ASAP. Call in any changes or cancellations as soon as possible before the retreat weekend since they usually have a waiting list.

To make reservation, fill out the form below, detach it and send it with a \$50 check/ money order deposit. Make the check/ money order made payable to: **San Alfonso Retreat House. Send the form and money, as soon as possible, to: Larry Hampel, 1919 Brian Circle, Bear, DE 19701-4317.** Any questions, contact Larry Hampel, at 302-261-8601 VP or email plhampel@comcast.net or call Sr. Kathleen Schipani VP 267-507-1215 / email sr.kschipani@archphila.org.

Deaf Men's RETREAT – September 20-22, 2019

Name: _____

Address: _____

City, State & Zip Code: _____

Video Phone: _____ Cell Phone (text): _____

Email: _____ Amount Enclosed _____

Contact person's name and contact # in case of emergency: _____

Health or Dietary Needs: _____