



Deaf Catholic Retreat Registration Form – April 10-12, 2026

Retreatant's Contact Information

Name(s): _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (Cell) _____ (VP) _____

Email: _____

Special accommodations: _____

Dietary Restrictions: _____

Retreat Fee

- The fee for this retreat is \$125 per person.
- This includes a private room with a bathroom and five meals. Sheets and towels are provided.

Additional Information

- You can register on line by [clicking here](#) or go to www.DeafCatholicPhilly.org
- The retreat house is located at the beach.
- We ask retreatants to arrive between 3 -4:30 PM on Friday. Dinner will be served at 5 PM on the first evening.
- The language of this retreat is American Sign Language.
- If you have further questions contact: Cryss Padilla, cpadilla@archphila.org or Father Mike Depcik, depcik@oblates.us
- You can register online and pay by credit card by going to: www.DeafCatholicPhilly.org or you can complete this form and pay by check. Married couples may use one form. Others are asked to use a form for each individual.

Amount Enclosed: \$ _____ Number Attending: _____

Please return this completed form and payment to:

The Deaf Apostolate
222 N. 17th Street
Philadelphia, PA 19103