



Matt Talbot Retreats

Matt Talbot Group 60
January 9-11, 2026

San Alfonso Retreat House

755 Ocean Ave • Long Branch, NJ 07740 • (732) 222-2731

To be sure there is enough room the registration deadline is December 29th, 2025

Full Weekend \$350.00

- Includes room and meals Friday – Sunday Lunch.
- Check the “Full Weekend” box on the registration form below & complete all information.
- Full weekend deposit is \$50.

Day Hopper \$190.00

- Includes all meals & sessions Fri-Sun, NO overnight accommodations
- Day Hopper deposit is \$50.00

Please make **Check/Money Order** payable to **Matt Talbot Group 60**.

Balance of payment is payable to **San Alfonso's Retreat House** at time of check in; a check or credit card will be accepted (service fee may be applied to credit card use).

Please indicate if a first floor or handicap room is needed for medical reasons ONLY. For special requests, we suggest you register as early as possible and we will do our best to satisfy these. Due to the capacity not all requests will be met.

Please note, you will not hear from us once you have sent in your deposit. Check-in begins at 4:00 p.m. on Friday, January 9th, 2026 in the Main Conference Room. You will not have access to the grounds before 4:00pm! If you register but are unable to attend, please notify our secretary as soon as possible so that we may offer the room to someone on the waiting list. Please complete the registration form below and send the correct NON-REFUNDABLE deposit listed above. Please contact with questions/concerns

DO NOT MAIL YOUR REGISTRATION FORM TO THE RETREAT HOUSE!

Please mail payment to: **Matthew McTamney**
12 Marshall Circle
Chalfont, PA 18914
Email: secretary@mtg60.org

Questions or issues?
Phone: (215) 954-1346

Yours truly,
Matthew McTamney - Secretary, Matt Talbot Group 60

----- Tear off and return with Payment -----

I WILL attend[] Full Weekend Deposit \$50.00 [] Day Hopper \$50.00 []

I am a new retreatant (NOT a member of another Matt Talbot Group) []

Name: _____ Medallion #: _____

Address: _____

City: _____ State: _____ Zip: _____

Preferred Room #: () Email: _____

Handicap Room () Phone: _____



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