



Registration Form

Please print this form, complete it and then mail with registration fee to:

Berakah
96 Fairview Rd.
Pittfield, NH 03263

Name _____ Telephone _____

Address _____ City _____ State _____ Zip _____

E-mail Address _____ Cell phone # _____

Program _____ Date _____

Guided Retreat (Title) _____ Date _____

Directed Retreat: Director _____ Date _____

Open to another director: Yes _____ No _____

Non-refundable deposit enclosed _____

For private retreat please contact Berakah@aol.com or call the Center 603-435-7271

My donation of \$ _____ is to help sustain the facility.

Some financial aid is available. To apply contact Berakah.

For Office Use Only: Received: \$ _____ Date _____

(Signed) _____

You must pay the remaining amount of \$ _____ on arrival