

# RESERVATION FORM

Please print and return form with deposit to:

St. Raphaela Center  
616 Coopertown Road  
Haverford, PA 19041-1135

Phone: 610-642-5715

Fax: 610-642-6788

Name: \_\_\_\_\_

Phone (Area Code) \_\_\_\_\_

Email Address \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Name of retreat or program \_\_\_\_\_

Requested Date(s) \_\_\_\_\_

Special dietary requests \_\_\_\_\_

Special accommodation requests (1<sup>st</sup> floor room) \_\_\_\_\_

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Enclosed is my non-refundable deposit of \$ \_\_\_\_\_  
(See program for amount: [one-day programs](#), [multiple day retreats](#))

***The actual cost of each retreat and program is considerably higher than the price listed. Any additional amount that you can afford above the listed cost of the retreat/program is greatly appreciated.***