

Benedictine Pastoral Center

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PROGRAM REGISTRATION

(please print)

Name: _____

Address: _____
(street)

(City) *(State)* *(Zip)*

Primary Phone # (with area code): _____

Alternate Phone #: _____

Email: _____

NOTE: Email addresses are not shared outside the monastery.

Event: _____ Date: _____

Payment of \$ _____ is included _____ sent separately _____

Please make checks payable to Benedictine Pastoral Center.
We regret we are unable to receive payment by credit or debit card.