

# I'm coming to these events! Sign me up!

## 2012 PROGRAMS

		REQUIRED DEPOSIT	DEPOSITS ENCLOSED
<input type="checkbox"/>	May 26	OPEN HOUSE AT ADELYNROOD: A NEIGHBORHOOD PICNIC	Free !
<input type="checkbox"/>	May 31	SPIRITUAL SPA DAY	\$50
<input type="checkbox"/>	June 6	JULIAN OF NORWICH: ANCHORED IN GOD'S LOVE	\$50
<input type="checkbox"/>	June 15-17	PRAYING AND PLAYING	\$100
<input type="checkbox"/>	July 8-12	SELF-DISCOVERY AND SPIRITUAL DIRECTION	\$100
<input type="checkbox"/>	July 12	SPIRITUAL SPA DAY	\$50
<input type="checkbox"/>	July 13-15	ENTERING THE SEASON OF THE SOUL: A SILENT RETREAT	\$100
<input type="checkbox"/>	July 18	LIFE AS PRAYER — A QUIET DAY	\$50
<input type="checkbox"/>	July 20-22	LIVING BEYOND PROBABILITIES INTO POSSIBILITIES	\$100
<input type="checkbox"/>	July 26	SPIRITUAL SPA DAY	\$50
<input type="checkbox"/>	Aug 3-5	WOMEN, SPIRITUALITY AND TRANSFORMATIVE LEADERSHIP	\$100
<input type="checkbox"/>	Aug 8-14	SOJOURNER WITH PRIEST-IN-RESIDENCE \$100 per day	\$20 room & board
<input type="checkbox"/>	Aug 10-12	ENJOYING EPIPHANIES	\$100
<input type="checkbox"/>	Aug 17-19	HONORING MARTHA AND MARY	\$100
<input type="checkbox"/>	October 6	TRUE RESURRECTION	\$50
		TOTAL PROGRAM DEPOSIT	\$ _____

INCLUDE PAYMENT-IN-FULL FOR EACH HEALING ARTS SESSION. (NON-REFUNDABLE)

**+ HEALING ARTS FOR SPIRITUAL SPA DAY REGISTRANTS ONLY**

- Reiki-\$37.50 per 1/2 hr. \_\_\_\_\_
- Massage -\$37.50 per 1/2 hr. \_\_\_\_\_

INCLUDE PAYMENT-IN-FULL FOR SPIRITUAL DIRECTION. (NON-REFUNDABLE)

**+ SPIRITUAL DIRECTION WITH MARTIN SMITH FOR OVERNIGHT GUESTS ONLY**

- Enclosed is my additional \$20 for Spiritual Direction. A limited number of 45 min. appointments will be offered.

Circle Date Requested. August 8, 9, or 13, 14, 15

Yes  \*Confirm my reservation via e-mail notification. Allow 3 weeks for confirmation.

OR... Yes  Confirm my reservation via U.S Mail. I have included a self-addressed stamped envelope. 

Adelynrood Retreat and Conference Center, 46 Elm Street, Byfield, MA 01922-2812 978 462-6721 x19 www.Adelynrood.org

NAME: \_\_\_\_\_ TEL. \_\_\_\_\_ \*CURRENT EMAIL: \_\_\_\_\_

STREET: \_\_\_\_\_ CITY, STATE, ZIP \_\_\_\_\_

I'M ENCLOSING A PROGRAM DEPOSIT OF \$ \_\_\_\_\_ . +Enclosed is an additional payment for Reiki, massage, or spiritual direction.

ADDITIONALLY, I AM ENCLOSING \$ \_\_\_\_\_ SO THAT ANOTHER PERSON IS ABLE TO ATTEND A PROGRAM AT ADELYNROOD.

NAME OF EVENT 1: \_\_\_\_\_ DATE & TIME OF ARRIVAL & DEPARTURE: \_\_\_\_\_

NAME OF EVENT 2: \_\_\_\_\_ DATE & TIME OF ARRIVAL & DEPARTURE: \_\_\_\_\_

NAME OF EVENT 3: \_\_\_\_\_ DATE & TIME OF ARRIVAL & DEPARTURE: \_\_\_\_\_

ACCOMMODATIONS ARE LIMITED FOR THOSE WITH DISABILITIES. PLEASE DESCRIBE MOBILITY CHALLENGES. \_\_\_\_\_

FOR ON-SITE TRANSPORTATION ASSISTANCE CHECK HERE  FOR A VEGETARIAN DIET CHECK HERE & EXPLAIN  \_\_\_\_\_

FOR MEDICAL DIETARY RESTRICTIONS CHECK HERE & EXPLAIN  \_\_\_\_\_

**A NON-REFUNDABLE DEPOSIT MUST ACCOMPANY THIS APPLICATION.**

Your deposit will be applied to the total cost of each event. Make checks payable to SCHC and please include your current e-mail address OR a self-addressed stamped envelope for confirmation. Please include full payment for any Healing Arts and Spiritual Direction sessions. One registrant per form, please.

Waiting List: If you are on an event waiting list and we are not able to accommodate you, we will return your deposit check.

Visit our website www.Adelynrood.org for scholarship applications.  I want to be a *Friend of Adelynrood*. Please send me information.