


Yes  \*Confirm my reservation via e-mail notification.

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

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

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

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

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

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

**A NON-REFUNDABLE DEPOSIT OF \$100 FOR EACH multi-day event OR \$50 FOR EACH one-day event 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. **Waiting List:** If you are on an event waiting list and we are not able to accommodate you, we will return your deposit check.  
**Scholarships are available. Visit our website [www.Adelynrood.org](http://www.Adelynrood.org) for applications.**

Please allow three weeks for confirmation.