



Adelynrood Retreat and Conference Center

A Ministry of the Society of the Companions of the Holy Cross, since 1914.
Byfield, Massachusetts

“GIVING BACK TO CAREGIVERS”

Friday, July 14, 4:00 pm to Sunday July 16, 2017 at 1:30 pm

Are you a Caregiver?

Most of us have a time in our lives, in our families, work, or communities when we are caregivers. Caregivers benefit from time away, self care and TLC to cope with the gifts and challenges of this role.

The SCHC has a long history of providing and funding outreach programs at Adelynrood for caregivers who desire an opportunity for **rest, refreshment, and a time to reflect, and connect**. Past participants have included individuals who are caregivers in their families, nurses, teachers, health care providers, and crisis responders.

This retreat includes enjoyment of Adelynrood’s peaceful environment, private rooms, natural setting, mouth-watering meals and desserts “to die for.” Renew your body, mind, and spirit with independent leisure activities and optional scheduled activities designed for your much-deserved rest, relaxation, rejuvenation, and inner peace. Soak in a claw foot bathtub, rock on the porch, read a book, sleep. Do whatever you want!

Sound like you or someone you know?

Limited to 15 participants. Come as our guest, FREE.

Additional space is available for those who wish to come at their own expense.

Registration is via U.S. Mail only.

Adelynrood Retreat and Conference Center, 46 Elm Street, Byfield, MA 01922-2812

For more info call 978 462-6721 x31 www.Adelynrood.org

2017 Caregivers Event – Fri. July 14, 4 pm to Sunday July 16, 2017 at 1:30 pm.

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.

Please register me as your guest at no cost to me, space and funding permitting.

Please register me at my own expense, enclosed is my deposit of \$20
(Total event contribution \$230, balance of \$210 due upon arrival.)

Please extend my stay at my own expense. Enclosed is my \$20 deposit.
arrival day, date, time of _____ day, date, time of departure _____

NAME: _____ TEL. _____

STREET: _____ CURRENT EMAIL: _____

CITY, STATE, ZIP _____

FOR ON-SITE HANDICAP TRANSPORTATION CHECK HERE FOR A VEGETARIAN DIET CHECK HERE _____

MEDICAL DIETARY RESTRICTIONS CHECK HERE AND EXPLAIN _____