



South Coastal Mass Intergroup Sponsors
Serenity by the Sea Retreat
April 30 – May 2, 2010

Scenic Seaside Miramar Retreat Center Duxbury MA

EARLY BIRD SPECIAL RATE – REGISTER BEFORE MARCH 31, 2010

DOUBLE OCCUPANCY \$190 pp / SINGLE OCCUPANCY \$245 pp

AFTER MARCH 21, 2010 DOUBLE \$200/SINGLE \$255 – MAIL-IN DEADLINE April 12

Retreat will be led by a longtime OA member with strong recovery.

Early morning country walks and **For Today** or **Voices of Recovery** meetings start each day.

Each room has a private bath. Common refrigerator available for small perishables. Friday night dinner is provided. Fee covers two nights lodging and six meals. **SPACE IS LIMITED TO 40 PARTICIPANTS**

Retreat registration 4-7 PM Fri. Opening meeting 7 PM Friday. Retreat ends 2 PM Sunday.

Directions and other pertinent info will be sent to all registrants.

The Miramar chef is well versed in our basic food parameters. Dishes will be prepared simply and flavorfully, without added sugars, breading, frying or rich sauces. There will be ample fresh and steamed veggie choices and lots of fresh fruit. Some low fat and sugar free dressings will be provided along with oil/vinegar/lemon. If you have specific food needs or items you cannot do without, it is suggested that you bring those items with you.

There is a limited amount of refrigerator space in the coffee room.

PLEASE NOTE: RETREAT FEE IS NON-REFUNDABLE – SORRY, NO DAY TRIPPERS

ROOMMATES MUST REGISTER SEPARATELY

IF YOU DO NOT LIST A ROOMMATE OR YOUR LISTED ROOMMATE DOES NOT REGISTER,
 THE RETREAT COMMITTEE WILL MATCH YOU UP WITH SOMEONE

MORE INFORMATION: Write to retreat2010@scmioa.org OR call the **SCMI hotline 781 925 1903**

MAIL THIS FORM FOR REGISTRATION by APRIL 12 --- PLEASE PRINT ALL INFORMATION

I WILL SHARE A ROOM (double occup.) I WANT A PRIVATE ROOM (single occup.)

I NEED A ROOMMATE. PLEASE ASSIGN ONE I AM: Male Female

I HAVE A ROOMMATE NAMED: _____

INCLUDE MY NAME AND CONTACT INFO ON THE RETREAT CONTACT LIST
 (TO BE GIVEN TO ATTENDEES ONLY)

ENCLOSED IS A CHECK FOR \$_____ (SEE COST AND CUT-OFF DATES ABOVE)

MAKE CHECKS PAYABLE TO: **SCMI RETREAT 2010 PO BOX 336 HULL MA 02045-0336**

YOUR NAME _____

EMAIL _____

ADDRESS _____

TELEPHONE _____ CELL PH _____

EMERGENCY CONTACT PHONE # AND NAME _____