



**AISH KODESH
SHABBOS HAGADOL
MEALS REGISTRATION FORM
March 26-27**

B"H

Name: _____

Address: _____

Tel: _____

Shabbos Dinner

TOTAL CHARGE

Number of Adults: _____ X \$20.00 per adult = \$ _____

Number of Children (ages 5-12): _____ X \$12.00 per child = \$ _____

Number of Children (ages 1-4): _____ **NO CHARGE**

(please indicate number of children under five requiring seating)

Shabbos Lunch

Number of Adults: _____ X \$16.00 per adult = \$ _____

Number of Children (ages 5-12): _____ X \$8.00 per child = \$ _____

Number of Children (ages 1-4): _____ **NO CHARGE**

(please indicate number of children under five requiring seating)

TOTAL ENCLOSED \$ _____

Please list 3 seating requests: _____, _____, _____

Due to space limitations we will make every effort to accommodate at least one request

- Make checks payable to AISH KODESH
- Reservation cannot be held without payment
- All reservations must be received by Wednesday March 17, 2010
- **Mail to Nina Meyer, 773 Addison Street, Woodmere, NY 11598**