



**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**