

PRE-PASSOVER SHABBAT DINNER RESERVATION FORM

Please make your check payable to the Hollis Hills Bayside Jewish Center

and mail the check and the form below to:

Hollis Hills Bayside Jewish Center,

210-10 Union Turnpike, Hollis Hills, NY 11364



2018 Pre-Passover Shabbat Dinner

Please R.S.V.P. by March 20th

PLEASE PRINT:

Names of All People in Your Party: _____

Cost per person over age 12 is \$28 @ \$28 = \$_____

Cost per child ages 7 to 12 is \$9 @ \$9 = \$_____

(**Children 6 and under are our guests, but all must be listed above.)

Total enclosed = \$_____

Anyone you would like to sit with? _____

Thank you very much!

We will be so glad to share Shabbat dinner with you!!