

**First Night Passover Seder 4/5/2023 6 PM**

**Sign Up Form**

Names (List all names in your party): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: \_\_\_\_\_ Email \_\_\_\_\_

No. of Members \_\_\_\_\_ No. of Non-Members \_\_\_\_\_

No. of Children \_\_\_\_\_

Seating

Requests \_\_\_\_\_

Entree Choices:

No. of Brisket \_\_\_\_\_ No. of Chicken \_\_\_\_\_ No. of Salmon \_\_\_\_\_ No. of Veg \_\_\_\_\_

Children's: No of Brisket \_\_\_\_\_ No. of Chicken \_\_\_\_\_ No. of Salmon \_\_\_\_\_ No. of Veg \_\_\_\_\_

Amount \$ \_\_\_\_\_ Cash \_\_\_\_\_ Check# \_\_\_\_\_

(payable to Temple Sinai)

Credit Card # \_\_\_\_\_ Exp. Date \_\_\_\_ / \_\_\_\_

Security Code \_\_\_\_\_

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name on Card \_\_\_\_\_

**2475 W. Atlantic Ave. Delray Beach, FL 33445**

**561-276-6161 ext 128 FundRaising@TempleSinaiPBC.org**