

PAYMENT: Cash \$ _____

Check Paysble to Temple Sinai Amount: _____ **Check :#** _____

CREDIT CARD # _____ **EX #** _____ **CVV #** _____

Name: _____ **# of people:** _____

Address:: _____ **City:** _____ **State:** _____ **Zip:** _____

Email: _____

Phone: _____

Who would you like to sit with _____
