

**PAYMENT:** Cash \$ \_\_\_\_\_

**Check** Payable 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** \_\_\_\_\_

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