



# Beth David's Annual Community Seder

Tuesday, April 15, at 6:30 pm



Reservation deadline is Monday, April 7.

			<u>Total Amount</u>
Number of adults attending	_____	\$36 each	_____
Number of children 6-12	_____	\$12 each	_____
Number of children under 6	_____	Free	_____
Total amount enclosed			\$ _____

I/we would prefer \_\_\_\_\_ (#) Vegetarian Meals

Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone Number \_\_\_\_\_

Email Address \_\_\_\_\_

Please list the names of all attending and state the names and ages of all children 13 and under. All children will receive afikoman gifts!

I/we would like to sit with:

We would like to sponsor an individual or family who cannot afford to attend, and enclose an additional amount of:

**Additional Amount \$** \_\_\_\_\_

Please make check payable to: Beth David Synagogue  
804 Winview Drive, Greensboro, North Carolina 27410  
336.294.0007

**Your check is your reservation**



**All reservations received after 5:00 pm on Monday, April 7, cannot be accommodated.**

**Catering provided by The Painted Plate**