

LOS MERCIDOS SHABBAT DINNER

Friday, January 27, 2012
Reservation Form

Please print clearly. Reservations a MUST

Name: _____

Home address: _____

Phone Number: _____

City: _____ State: _____ Zip: _____

Members

of Adults and Child. Over 12 _____ x \$35.00

of Children (ages 4-12) _____ x \$20.00

Children ages 3 and Under are Free

TOTAL \$ _____

Check or Cash is enclosed.

Non-Members

of Adults and Child. Over 12 _____ x \$45.00

of Children (ages 4-12) _____ x \$25.00

Children ages 3 and Under are Free

TOTAL \$ _____

Please charge my credit card

Pay by Credit Card	
<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express	Amount to be charged: \$ _____
Card Number: _____ Exp: _____ Billing Zip: _____	

To make reservations please mail or fax at (310) 470-9238 this form
to the Temple Office
or e-mail vicki@sephardictemple.org