

**BAS Shabbat of Learning
Reservation Form**

(You may also register online at www.betamshalom.org)

Name _____

Phone _____ E-Mail _____

How Many

_____ Shabbat Dinner, Friday April 23, \$25.00/person _____
_____ Seudah Shlisheet, Sat., April 24, \$12.50/person _____
_____ Both meals, \$36.00/person _____
_____ Pre b'nai mitzvah, \$15/Friday, \$10/Saturday (\$20/both meals) _____

TOTAL _____

Send check payable to:

Bet Am Shalom Synagogue, 295 Soundview Avenue, White Plains, NY 10606

Young People's Program 1:30 PM Saturday: (Names and ages of children, ages 4-12):

(ADVANCE REGISTRATION REQUIRED)

Please indicate if you would like babysitting for children under 4 years _____

For planning purposes, please indicate which of these Acharai Kiddush learning choices you plan to attend:

Immigrant Outreach _____ Jewish Texts _____ Who's Right? _____

**Bet Am Shalom Synagogue * 295 Soundview Avenue * White Plains, New York 10606
(914) 946-8851 * www.betamshalom.org**