



2011 CONGREGATIONAL SEDER

We hope you will join your Beth Adam family for our family-friendly Congregational Seder! Please return your reservation form by **Monday, April 18**. If you have any questions, please call the congregational office at 985-0400.

RESERVATION FORM

We hope you will join us to celebrate Passover with your Beth Adam family!

- WHEN:** Friday, April 22nd at 6:00 PM
- WHERE:** Congregation Beth Adam
10001 Loveland Madeira Road
- HAGGADAH:** *The Seder, A Contemporary Haggadah*
Please bring your own copy or purchase copies at the Congregation Office, by mail (shipping/handling is 25% of the total purchase) or at the Seder (there will be no loaners)
- MAZON:** We cooperate with MAZON - A Jewish Response to Hunger
If you would like to contribute, please add in the amount
- MENU:** Individual Seder plate with charoset, egg, parsley and matzo
Tuna salad/tossed salad/baked potato buffet
Assorted Passover salads and side dishes from members
Assorted Passover deserts from members
Coffee/tea/grape juice provided - wine is "bring your own"
- TO SHARE:** If last name starts with A - L, please bring Passover salad/side dish for 8
If last name starts with M - Z, please bring Passover dessert for 8
- COST:**
- | | |
|-------------------------------|------|
| Adult Member | \$15 |
| Adult Non-Member | \$18 |
| Child Member (12 & under) | \$10 |
| Child Non-Member (12 & under) | \$12 |
- DEADLINE:** **Monday, April 18, 2011!!!!!!**
- QUESTIONS:** Call the Beth Adam office (513) 985-0400
email: admin@bethadam.org

The Seder, A Contemporary Haggadah

# Of Books	Member	Non-Member
1 - 9 books	\$8.00	\$9.00 each
10 - 15 books	\$7.00	\$8.00 each
16 + books	\$6.00	\$ 7.00 each

Number of books: _____
 Price per book: \$ _____
Subtotal: \$ _____
 Shipping & Handling (25%) \$ _____
TOTAL \$ _____

PASSOVER SEDER RESERVATIONS

_____ MEMBER: ADULT @ \$15.00 \$ _____
 _____ NON-MEMBER: ADULT @ \$18.00 \$ _____
 _____ MEMBER: CHILD @ \$10.00 \$ _____
 _____ NON-MEMBER: CHILD @ \$12.00 \$ _____
 CONTRIBUTION TO MAZON \$ _____
TOTAL \$ _____

GRAND TOTAL HAGGADAH & MEALS \$ _____

Name

Address

City, State, Zip

Email/Telephone

Payment Method

Check Enclosed (Payable to Beth Adam)

Credit Card

Visa

Master Card

Discover

American Express

Credit Card Number: _____

3 (4 AMEX) Digit Verification Number: _____

Expiration Date: _____

Name as it Appears on Card: _____

(Please Print)

Authorized Signature: _____

Mail form to: Congregation Beth Adam
10001 Loveland Madeira Road
Loveland, OH 45140
(513)985-0400 tel
Fax form to: (513) 686-2672 fax

**DEADLINE FOR RESERVATIONS:
April 18, 2011**