

TEMPLE MENORAH  
**QUICK AND EASY!** PROGRAM REGISTRATION FORM

Please complete the form writing clearly and legibly and return to Temple Menorah with payment enclosed. You may mail the Registration Form to the address below or fax it, with Visa or MasterCard, to: 310.540.7677.

Participant(s) Information

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address Information: Please update if you have moved within the last 12 months or paying by credit card.

Mailing Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work/Mobile Phone: \_\_\_\_\_

Are you a member of Temple Menorah?  Yes  No If no, check here if you would like information about the Temple.

How did you find out about our programs? \_\_\_\_\_

Please see the related brochures or flyers for additional information regarding the below-listed programs.

**Family Tot Shabbat Dinner – Friday, February 3, 5:30 pm**

*(Shabbat Service follows dinner at 6:30 pm)*

RSVP by 2/1/12: **\$30 Per Family:** \_\_\_\_\_ **\$15 Per Individual:** \_\_\_\_\_ **Total \$** \_\_\_\_\_

RSVP after 2/1/12: **\$40 Per Family:** \_\_\_\_\_ **\$20 Per Individual:** \_\_\_\_\_ **Total \$** \_\_\_\_\_

Attendee Full Name: \_\_\_\_\_ Attendee Full Name: \_\_\_\_\_

Attendee Full Name: \_\_\_\_\_ Attendee Full Name: \_\_\_\_\_

**Community Shabbat Dinner – Friday, February 10, 5:30 pm**

*(Shir Shabbat Service & Consecration follows dinner at 6:30 pm)*

Attendees Same as Above

RSVP by 2/6/12: **\$30 Per Family:** \_\_\_\_\_ **\$12 Per Individual:** \_\_\_\_\_ **Total \$** \_\_\_\_\_

RSVP after 2/6/12: **\$40 Per Family:** \_\_\_\_\_ **\$15 Per Individual:** \_\_\_\_\_ **Total \$** \_\_\_\_\_

Attendee Full Name: \_\_\_\_\_ Attendee Full Name: \_\_\_\_\_

Attendee Full Name: \_\_\_\_\_ Attendee Full Name: \_\_\_\_\_

**Volunteer Appreciation Community Shabbat Dinner – Friday, February 24, 7:30 pm**

*(Shabbat Service precedes dinner at 6:30 pm)*

Attendees Same as Above

RSVP by 2/17/12: **\$18 Per Adult:** \_\_\_\_\_ **\$12 Per Child:** \_\_\_\_\_ **Total \$** \_\_\_\_\_

RSVP after 2/17/12: **\$25 Per Adult:** \_\_\_\_\_ **\$15 Per Child:** \_\_\_\_\_ **Total \$** \_\_\_\_\_

Attendee Full Name: \_\_\_\_\_ Attendee Full Name: \_\_\_\_\_

Attendee Full Name: \_\_\_\_\_ Attendee Full Name: \_\_\_\_\_

**An Evening at the Oscars – Sunday, February 26, 5:00 pm**

Attendees Same as Above

\$36 Per Person: \_\_\_\_\_ **Total \$** \_\_\_\_\_

Attendee Full Name: \_\_\_\_\_ Attendee Full Name: \_\_\_\_\_

Attendee Full Name: \_\_\_\_\_ Attendee Full Name: \_\_\_\_\_

**Total Amount Enclosed:** \_\_\_\_\_

Form of Payment: Please check payment box below

I am enclosing a check made payable to Temple Menorah  I authorize the above total to be charged to my VISA or MASTERCARD

*(Please note a 3% surcharge will be added to payments made by credit card.)*

VISA/MC #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Cardholder Name (Please Print): \_\_\_\_\_

Signature: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Please Note: By signing this form, you are permitting Temple Menorah to use photographs, videos and testimonials of you and your children while attending or enrolled in this program/event for use in Temple Menorah's promotional, marketing, program materials and media.