



CONGREGATION BETH AMI MONTHLY SHABBAT DINNERS

Names of all dinner attendees:

Phone: _____

6:00 P.M. DINNER (RESERVATIONS REQUIRED)

7:30 P.M. FAMILY SHABBAT SERVICES

8:30 P.M. ONEG

2007

- Friday, September 7
- Friday, October 5
- Friday, November 2
- Friday, December 7

2008

- Friday, January, 4
- Friday, February 1
- Friday, March 7
- Friday, April 4
- Friday, May 2
- Friday, June 6

Payment Information

of adults _____ Adult @ \$14 each = _____

of youth _____ Youth (6-12) @ \$7 each = _____

~children 5 and under are free~

Amount enclosed for this event = _____

Please note that this is the first and only increase in the history of the monthly Shabbat dinners!

RVSP by Friday before the dinner to avoid late fee!

Mail/Fax/Bring this form with payment to:

Congregation Beth Ami
4676 Mayette Avenue
Santa Rosa, CA 95405
Phone: 707/360-3000
Fax: 707/360-3003

Office Use
Method of payment _____
Amount _____
Date _____