

NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_ TEL.: (Day) \_\_\_\_\_

## Sukkot Meals Reservations 2015

THE JEWISH CENTER • 131 West 86<sup>th</sup> Street • New York, New York 10024  
Telephone: (212) 724-2700 • Fax: 212- 724-5629

**Reservations are requested no later than Wednesday, September 16**  
**Prices go up on Thursday, September 17**

*Please include the names of those for whom you are making reservations.  
Use back of form for additional writing space.*

Please indicate any seating preference that you may have below or let us know what age group you would prefer to sit with. We will make every effort to accommodate your request.

<b>Night Meals:</b>	\$62.00/ (\$67.00 after Sep. 16)	\$25.00/ (\$29.00 after Sep. 16)	\$67.00/ (\$72.00 after Sep. 16)	\$25.00/ (\$29.00 after Sep. 16)
<u>Night</u>	<u>Member</u> (ages 8 & up)	<u>Member Child</u> (ages 3-7)	<u>non-Member</u> (ages 8 & up)	<u>non-Member Child</u> (ages 3-7)
Sunday Night (1 <sup>st</sup> night) 9/27				
Monday Night (2 <sup>nd</sup> night) 9/28				
Friday Night 10/02				
<b>Day Meals:</b>	\$52.00/ (\$57.00 after Sep. 16)	\$25.00/ (\$29.00 after Sep. 16)	\$57.00/ (\$62.00 after Sep. 16)	\$25.00/ (\$29.00 after Sep. 16)
<u>Day</u>	<u>Member</u> (ages 8 & up)	<u>Member Child</u> (ages 3-7)	<u>non-Member</u> (ages 8 & up)	<u>non-Member Child</u> (ages 3-7)
Monday Lunch (1 <sup>st</sup> day) 9/28				
Saturday Lunch 10/03				
<b>Special Family Meal</b>	\$32.00/ (\$36.00 after Sep. 16)	\$18.00/ (\$23.00 after Sep. 16)	\$36.00/ (\$40.00 after Sep. 16)	\$20.00/ (\$25.00 after Sep. 16)
<u>Day</u>	<u>Member</u> (ages 8 & up)	<u>Member Child</u> (ages 3-7)	<u>non-Member</u> (ages 8 & up)	<u>non-Member Child</u> (ages 3-7)
Tuesday Lunch (2 <sup>nd</sup> day) 9/29				

**Sponsorship opportunities of \$250 are available. Please contact Aaron at 212-724-2700 x107.**

**\*We/I have enclosed my check payable to THE JEWISH CENTER in the amount of \$\_\_\_\_\_ to cover the entire cost of the reservation(s) indicated above. Please mark you check payable to The Jewish Center, with "Sukkah Meals" in the memo line.**

**\*Please charge my  Visa  Mastercard in the amount of \$\_\_\_\_\_ to cover the entire cost of the reservation(s) indicated above.**

\_\_\_\_\_  
Name as it appears on card                      Card number                      Exp. Date                      CVV

\_\_\_\_\_  
Billing Address    Telephone

Seating Requests or age group you prefer to sit with

**\*Payment must accompany all reservations.**