NAME: _____ADDRESS: _____TEL.: (Day)_____

# Sukkot Meals Reservations 2019

**THE JEWISH CENTER ● 131 West 86th Street ● New York, New York 10024**
**Telephone: (212) 724-2700 ● Fax: 212- 724-5629**

**Early Bird Pricing Ends Wednesday, October 2nd at 5pm**

***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.**

| **Night Meals:** | $65.00/ ($69.00 after Oct .2) | $28.00/ ($32.00 after Oct .2) | $70.00/ ($75.00 after Oct .2) | $28.00/ ($32.00 after Oct .2) |
|---|---|---|---|---|
| Night | Member (ages10 & up) | Member Child (ages 3-9) | Non-Member (ages 10 & up) | Non-Member Child (ages 3-9) |
| Sunday Night (1st night) 10/13 | | | | |
| Monday Night (2nd night) 10/14 | | | | |
| Friday Night 10/18 | | | | |

| **Day Meals:** | $55.00/ ($60.00 after Oct .2) | $28.00/ ($32.00 after Oct .2) | $60.00/ ($65.00 after Oct .2) | $28.00/ ($32.00 after Oct .2) |
|---|---|---|---|---|
| Day | Member (ages 10 & up) | Member Child (ages 3-9) | Non-Member (ages 10 & up) | Non-Member Child (ages 3-9) |
| Monday Lunch(1st day) 10/14 | | | | |
| Saturday Lunch 10/19 | | | | |

| **Special Family Meal** | $36.00/ ($40.00 after Oct .2) | $20.00/ ($25.00 after Oct .2) | $40.00/ ($45.00 after Oct .2) | $25.00/ ($28.00 after Oct .2) |
|---|---|---|---|---|
| Day | Member (ages 10 & up) | Member Child (ages 3-9) | Non-Member (ages 10 & up) | Non-Member Child (ages 3-9) |
| Tuesday Lunch (2nd day) 10/15 | | | | |

**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 make your check payable to The Jewish Center, with "Sukkah Meals" in the memo line.**

***Please charge my □VISA □MC □AMEX 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.***