

Share in the joy of a  
**Traditional Shabbat dinner with family and friends**  
 Following our musical *Shabbat Infusion* service and Birthday Blessings  
**Friday evening • October 19, 2007**

*Shabbat Infusion* at 6:00 pm in the Chapel  
 Optional Dinner following the service at 7:00 pm

**Everyone is welcome at all of our Services!**

Because we need to order the food, dinner reservations must be made in advance.

**Three Possible Ways to Make Your Shabbat Dinner Reservations:**

- Option 1** (preferred method) — Return the form below with a check payable to Congregation B'nai Jacob.
- Option 2** — Phone in your reservations by calling the office: 389-2111, ext 219 (Risa Walter, Family Programming Director). We will bill your B'nai Jacob account. Please let the office know all the info on the form below.
- Option 3** — E-mail your reservation to Family Programming Director **Risa.Walter@gmail.com**. We will bill your B'nai Jacob account. Please include all the information on the form below.

**RSVP BY OCTOBER 15<sup>TH</sup>**

Important:

If you make a reservation and do not show up, you will still be billed for the cost of the dinner(s). Cancellations can be made if received by 4 pm October 16<sup>th</sup>. After this time, we will not refund the costs of the dinners (because we have to pay for the food).

If you have any questions about Shabbat Dinner, please be in touch with committee member Shelley Gans: ShelleyG@jccnh.org

**SHABBAT DINNER RESERVATIONS**  
 Friday evening, October 19, 2007

Name \_\_\_\_\_  
 Home Ph. \_\_\_\_\_ Cell Ph. \_\_\_\_\_  
 Email (print clearly) \_\_\_\_\_

<b>Number of Adults (Age 13+)</b> <i>x \$18 per meal</i>	<b>Number of Children (Age 3-12)</b> <i>x \$10 per meal</i>
Meat Meal _____	Meat Meal _____
Veggie Meal _____	Veggie Meal _____
Total Adult \$ _____	Total Children \$ _____

Please return this form and your check to:  
 Shabbat Dinner, Congregation B'nai Jacob, 75 Rimmon Rd, Woodbridge, CT 06525