

**Community Second Seder
 Reservation Form**

You are cordially invited to celebrate with us
 at

The Actors' Temple Community Second Night Passover Seder
 on Tuesday, March 30th, 2010, at 6 PM,
 conducted by Rabbi Jill Hausman

Name: _____

Address: _____

Phones: _____ Email: _____

<u>Reservation Type</u>	<u>Price</u>		<u>Quantity</u>		<u>Total \$</u>
Adult Members	\$55	x	<input type="text"/>	=	\$ _____
Non-Members	\$75	x	<input type="text"/>	=	\$ _____
Older Children (10-21)	\$20	x	<input type="text"/>	=	\$ _____
Children (Under 10)	FREE	x	<input type="text"/>	=	\$ _____

GRAND TOTAL \$ _____
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Donations: I wish to make an additional donation to the Actors' Temple for the following amount: \$ _____

Payment Type: Check enclosed Mastercard Visa American Express

Credit Card No: _____ Exp. Date: _____

Signature: _____

Set-Up and Clean Up:

I volunteer to help: _____ Set - Up _____ Clean - Up _____

Please reply before March 19th

**Please mail this form to:
 The Actors Temple
 PO Box 2620, New York, NY 10108,
 or Fax the completed form to: 212-586-3025**