

JEM Community Center Shavout Retreat Registration

"Jewish Families Coming Together"

Family Name: _____

Please Print Clearly

Name _____ Spouse _____
Last First Title

Address: _____ City: _____ Apt. #: _____ Zip: _____

Phone Numbers:

Home: (____) _____ Office: (____) _____

His Cell: (____) _____ His Email: _____

Her Cell: (____) _____ Her Email: _____

Number of Adults (age 10 and up): _____ Number of Kids: _____

Number of Rooms Needed: _____ Room Category: _____

Place Rooms Near: _____

Check if Needed:

- 2 Double Beds King Size Bed Crib Roll Away – add \$25 per day High Chair

Special Occasion _____ Date of Occasion _____

How did you hear about us? _____

Additional Comments: _____

Payment Info:

Name on Card: _____ Number: _____ - _____ - _____

Expiration: ____/____/____ Billing Address: _____ City: _____ Zip: _____

Security Code: _____ Amount to charge: \$ _____

There is a 3% customer convenience fee for orders paid by credit card. There are no refunds.

I allow you to charge my card the amount written above: x _____
Signature

Please fax or mail this completed form to:

JEM Community Center Beverly Hills *9930 South Santa Monica Blvd. Beverly Hills, CA 90212*

Office: (310) 772-0000 Fax: (866) 262-6755 Email: bracha@JEMCenter.com

FOR OFFICE USE:

Date Rcv'd _____ Date Ent'd _____ Date Rvw'd _____ Staff Intls _____

Paid: _____ For: _____