



# Seeds of Community

## with Cantor Lisa Levine

Friday, February 28 – Sunday, March 2, 2014

**Registration Form**  
**Registration deadline is February 10, 2014.**  
**Keep a copy for your reference.**

Last Name \_\_\_\_\_ First \_\_\_\_\_  
 Spouse / Friend \_\_\_\_\_  
 Child(ren) \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone (      ) \_\_\_\_\_ E-mail \_\_\_\_\_

**Fees are per person.**

**Friday night dinner:**      \$15 adult..... \_\_\_\_\_ number attending .....\$ \_\_\_\_\_  
    \$ 8 child ..... \_\_\_\_\_ number attending .....\$ \_\_\_\_\_  
    Children 5 and under eat free. . . . \_\_\_\_\_ number attending

**Yoga Shalom service with lunch following:** \$12 ..... \_\_\_\_\_ number attending .....\$ \_\_\_\_\_  
 Select:            \_\_\_\_\_turkey    \_\_\_\_\_tuna    \_\_\_\_\_vegetarian  
*Dress comfortably. Bring a mat, if you have one.*

**Foundation Gala:**            \$30 adult..... \_\_\_\_\_ number attending .....\$ \_\_\_\_\_  
*Dress: cocktail or dressy casual.*

**Meet-and-Greet Wine Tasting (20s, 30s, & 40s):** \$12... \_\_\_\_\_ number attending .....\$ \_\_\_\_\_

**Harvest Breakfast (20s, 30s, & 40s):** Pay at Event ..... \_\_\_\_\_ number attending

Total.....\$ \_\_\_\_\_

**Babysitting:**

\_\_\_\_\_ I may use the temple's babysitting service. Indicate number of children:  
    \_\_\_\_\_ Soulful Shabbat service on Friday evening  
    \_\_\_\_\_ 20s, 30s, & 40s wine tasting on Saturday evening  
    \_\_\_\_\_ 20s, 30s, & 40s breakfast on Sunday

Donations are accepted to help cover costs for babysitting services.

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**Mail this registration form with your check payable to:**

**Beth Israel Congregation**  
**316 Park Ave., Florence SC 29501**

Form may be faxed to (843) 669-7592  
 To pay by credit card or if questions, contact Ginny Geary at (843) 669-9724  
 or by e-mail to [florencebic@gmail.com](mailto:florencebic@gmail.com)