



**TAO**

The South Florida Center for Jewish Renewal

10200 W. State Road 84 • Davie, FL 33324

Tel: 954-888-1408 • Fax: 954-888-1407 • [www.TAOcenter.net](http://www.TAOcenter.net)

# July 4th Beachfront Bash

## Rain or Shine

Swim • Drum • Sun & Fun!



### Location (At a luxurious, lakeside community in Davie)

- Address and directions will be sent to everyone who registers

### Tickets

	# of Tickets	TAO Member Admission	TAO Family Up to 2 Adults & Up to 2 Kids under 17	Non-Member Admission	Family Up to 2 Adults & Up to 2 Kids under 17	Names of Each Person Attending (Please Print CLEARLY!!!)	Amount
Adults		\$36	\$80	\$40	\$85		\$
Children (under 17)		10		18			
Children (under 5)		FREE		FREE			\$
Tickets Subtotal							\$



### Sponsorships, Donations & Volunteers (I want to do more)

		Full Sponsorship	Partial Sponsorship	Amount
<b>Food Sponsor</b>	Sponsors, Donors and Volunteers will be acknowledged in newsletter and website. Full Sponsors will be honored at Service Please check <input type="checkbox"/> if you wish to contribute anonymously	\$ 360	\$ 180	
<b>Beverage Sponsor</b>		360	180	
<b>TidyMan Sponsor</b>		360	180	
<b>AUCTION RAFFLE</b> You can win multiple items \$250 - \$1,000 value	<input type="checkbox"/> 5 tickets - \$18 <input type="checkbox"/> 36 tickets - \$36 <input type="checkbox"/> 100 tickets - \$48 Auction details on next page. Read all about it!			
<b>Food Donation</b>	Yes, I will also bring a <b>non-dairy</b> dish. <input type="checkbox"/> Appetizer <input type="checkbox"/> Salad <input type="checkbox"/> Dessert <input type="checkbox"/> Veggie <input type="checkbox"/> Main Dish <input type="checkbox"/> Other _____			
<b>Volunteer</b>	I will also help with: <input type="checkbox"/> Telephone Committee <input type="checkbox"/> Set Up <input type="checkbox"/> Break Down <input type="checkbox"/> Registration <input type="checkbox"/> Other _____			
Sponsorship/Donation Subtotal				\$



### About You (Please print names clearly.)

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ E-mail: **(REQUIRED)** \_\_\_\_\_

### Payment (Mail, Fax 954-888-1407, or Phone 954-888-1408 your order)

Check # \_\_\_\_\_ (Make checks payable to TAO)

Visa    MasterCard    Amex # \_\_\_\_\_ Exp. Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Code (on back) \_\_\_\_\_ (Amex, on front) \_\_\_\_\_

Name as it appears on card: \_\_\_\_\_

Billing Address  Same as above    Other \_\_\_\_\_

Signature: \_\_\_\_\_ Today's Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Tickets Subtotal	\$
Sponsorship/Donation Subtotal	
<b>Total Payment</b>	<b>\$</b>

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