



TAOR

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

July 4th Beachfront Bash

Rain or Shine

Swim • Drum • Sun & Fun!



Location (At the luxurious, private, oceanfront home of Ken Fisher in Fort Lauderdale)



- Address and directions will be sent to everyone who registers
- Let us know if you need special parking.
Please take into consideration there is limited special parking
 Yes, I need special parking; please include directions

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
Food Sponsor	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	
Beverage Sponsor		360	180	
TidyMan Sponsor		360	180	
Non-Attendee	I am unable to attend, but please accept my contribution in the amount of: _____			
Instrument Donation	<input type="checkbox"/> Yes, I will donate an instrument for the auction/raffle. Call me to arrange pick up.			
Food Donation	Yes, I will also bring a non-dairy dish. This is what I'll bring: <input type="checkbox"/> Appetizer <input type="checkbox"/> Salad <input type="checkbox"/> Dessert <input type="checkbox"/> Other _____			
Volunteer	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 ____ / ____ / 20 ____ 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	
Total Payment	\$

TAO – The South Florida Center for Jewish Renewal

Mail to: 10200 W. State Road 84 • Davie, FL 33324

Fax: 954-888-1408

Phone: 954-888-1407

