

PASSOVER REGISTRATION FORM

NAMES:

1. _____
3. _____
4. _____
5. _____
6. _____

STATUS: Adult, Senior, Single, Child/Teen (State age)

Please use the back of this form or an additional form if there are more than 6 members of your family.

Address: _____**Phone #s:** Home _____ Cell _____ Work: _____**E-mail:** _____ Fax: _____**Date of Arrival:** _____ **Date of Departure:** _____**Is anyone leaving before the other members of your family? If so, please let us know the details:**
_____**Room(s) required?** _____ **Do they need to be connected?** _____

Inquire if you would like a specific view or location.

Jr. Suite? _____ **1 Bedroom Suite?** _____ **2 Bedroom Suite** _____ **3 Bedroom Suite** _____**King Bed or 2 Double Beds for Room # 1** _____ **Room # 2** _____ **Room # 3** _____**Do you require a rollaway bed?** _____ **Crib?** _____ **High Chair?** _____ **Miscellaneous:** _____**Do you require a handicapped room?** _____ **Walk-in shower** _____ **Roll-in shower** _____**SEDER PREFERENCE:**_____ **Community Seder** - Led by a Rabbi_____ **Semi-Private Seder** - In a separate room with a family member leading your Seder. There will be other families in this room._____ **Private Seder** - In a separate private room with a family member leading your Seder. There is a fee per Seder.**SEATING PREFERENCE:**_____ **Family table** _____ **Sit with singles**_____ **Family table just for Seders** _____ **Sit with another family with similar age kids**_____ **Sit with other couples** _____ **Sit close to the Rabbi's table for the Seders****DIETARY REQUEST:****No Salt** _____ **No Sugar** _____ **Vegetarian** _____ **No Beef** _____ **Allergies** _____

Deposit: Adults & additional occupants 13 & older - \$ 750 per person
For single occupancy: \$1,500

MAIL OR FAX THIS FORM TO:**PASSOVER RESORTS, 7162 Beverly Boulevard Suite # 123, LA, CA 90036****FOR QUESTIONS, PLEASE CONTACT US AT: 1 800 PASSOVER or 1 800 727-7683****E-mail: passover@passoverresorts.com Fax: (323) 933-8505**