



# TZIVOS HASHEM CRAFT WORKSHOPS

## Group Reservation Order Form



\_\_(M)atzah \_\_ (H)avdallah \_\_ (T)orah \_\_ (S)hofar \_\_ Su(K)kot \_\_ (O)live Oil \_\_ Sha(B)bat \_\_ T(Z)izit

Please check one of the above, complete the form below and fax to **718-362-1638**.

### CONTACT INFORMATION:

Contact Person: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_ Ext: \_\_\_\_\_

Organization: \_\_\_\_\_ Today's Date \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Cell: ( ) \_\_\_\_\_ Email: \_\_\_\_\_

Organization Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

Program Location Address  \_\_\_\_\_ Zip: \_\_\_\_\_

(check here if same as above)

Program Area: (auditorium, social hall, etc.) \_\_\_\_\_ Parking (van): \_\_\_\_\_

NOTE: (PROGRAMS CANNOT TAKE PLACE IN SANCTUARY)

### PREFERRED DATE & TIME: Please note 3 options in order of preference

Date 1. \_\_\_\_\_ time: \_\_\_\_\_ Date 2. \_\_\_\_\_ time: \_\_\_\_\_ Date 3. \_\_\_\_\_ time: \_\_\_\_\_

Age group(s): \_\_\_\_\_ Total Audience: \_\_\_\_\_ Total Participants for hands-on: \_\_\_\_\_

Number of Presentations: \_\_\_\_\_ Estimated travel time from Brooklyn: \_\_\_\_\_

(IF SEVERAL PRESENTATIONS ARE NEEDED PLEASE FAX US YOUR PLANNED SCHEDULE WITH THIS FORM)

### PAYMENT INFORMATION:

Please send invoice :

Charge Credit Card:

AMEX  AMEX  VISA  MC  DSCVR Credit Card # \_\_\_\_\_ Exp. \_\_\_\_\_

Name on card: \_\_\_\_\_ Signature: \_\_\_\_\_ Security# \_\_\_\_\_

Confirmed Date: \_\_\_\_\_ Program Fee: \_\_\_\_\_ Materials Fee: \_\_\_\_\_ Transport Fee: \_\_\_\_\_

### FOR OFFICE USE ONLY

Conf. with:	CH	Presentations:
Conf. TH:	BKC:	Participants:
Date:	TH Notes:	Materials:
AAR:		

**☎ For more information please call the Reservations Desk at 718-467-6630 ext. 2**

Address: TH Crafts Workshops 332 Kingston Ave, Brooklyn, NY 11213

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