Am HaYam
Cape Cod Havurah

Shabbat Dinner Form

Contact Information	
Name	
Street Address	
City ST ZIP Code	
Home Phone	
E-Mail Address	

I am interested in (check one or both):

___ Hosting ___ Participating; number in party: ___

Availability:

I can host on (indicate preference by placing "1" next to most preferred date, "2" for next preferred date, etc.) and **I can accommodate ____ people.**

____ May 14 ___ June 11

I can participate on (check all that apply): You will be assigned to at least one of your available dates.

___ May 14 ___ June 11

Other Information

Would you need a ride?

Can you provide transportation?

Do you have food allergies, special dietary needs/restrictions? Please specify:

Are you willing to accommodate special dietary needs?

Comments: You may include food preferences, e.g. no red meat, vegetarian, kosher or kosher style, prefer meat, etc. or include other relevant information.

Please email form to eelkin@gmail.com or mail to Esther Elkin at P.O. Box 225, South Wellfleet, MA 02663. Call Esther Elkin at 508-349-2853 or Judi Bloom at 508- 255-0055 for further information.

We thank you for your interest.