

I.L.PERETZ COMMUNITY JEWISH SCHOOL
2009 PASSOVER SEDER

DATE: Sunday, April 5

TIME: 3:00 p.m. to approximately 7:00 p.m.

PLACE: Athletic Center at Rutgers Prep (the first Rutgers Prep building on your right as you come up Easton Avenue)

COST: \$7 adults, \$5 children/teens (under 18 yrs.) to cover expenses

GUESTS: Are welcome, let us know the total number in your group

FOOD: Each family brings **either a main dish or 2 side dishes that feed 10-12 each**. If more than 2 adults in your group, please add an extra side dish

SEATS: Let me know if you have a preference, for seating arrangements on the reservation form. We will try to accommodate you.

FOOD SELECTIONS:

Main Dish: (no pork products) – examples:

- 3-4 lb. pot roast, roast beef, brisket (pre-sliced) OR ground meat (e.g. meatballs, meatloaf)
- 2 large cut-up chickens or 1 medium turkey (cut into pieces or pre-sliced)

Side Dishes

- Vegetable (carrots, broccoli, zucchini, cauliflower etc.)
- Salad (green or fruit)
- Potato (plain or casserole)
- Dessert

ALSO BRING:

- serving utensils for your dish(es)
- warming dish or sterno if your dish(es) needs one
- beverages for your family -- juice, wine, seltzer etc.
- one peeled hard boiled egg for each family member attending
- A NON-PERISHABLE FOOD ITEM FOR THE HIGHLAND PARK FOOD PANTRY

CLASSES: are held the morning of the Seder

SET UP: approximately 10:30-11:30 am, the morning of the Seder. Please help if you can!

**BE SURE TO FILL OUT THE ATTACHED RESERVATION SHEET TO ASSURE YOUR PLACE AT
OUR SEDER!**

I. L. PERETZ COMMUNITY JEWISH SCHOOL
Passover 2009
Seder Reservation Form

Please fill out this form and return to by **March 29th** whether or not you plan to attend. We would like all member families to be accounted for. Return in person to Beryl Koblin or Joel Cantor:

by mail – 219 Woodbridge Ave, Metuchen, NJ 08840
by email – bkjcacec@optonline.net
by phone – 732-549-1970

_____ Name
_____ Phone Number
_____ No, we will not attend
_____ Yes, we will attend
_____ Total number of adults in your group
_____ Total number of teens (13-18 yrs) in your group
_____ Total number of children (<13 yrs.) in your group

We will bring the following food:
(Fill in either: 1 main dish OR 2 side dishes OR 1 side dish and 1 dessert
if more than 2 adults in your group, please add an extra side dish)

Main dish _____
Side dish _____
Side dish _____
Dessert _____

We would like to be seated with the _____ family.

We would like our _____ (number) teen(s) to sit at the teen table.

Thank you.