

I.L.PERETZ COMMUNITY JEWISH SCHOOL
2010 PASSOVER SEDER

DATE: Sunday, March 21

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 2010
Seder Reservation Form

Please fill out this form and return to by **March 14th** 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 _____ (NAME) teen(s) to sit at the teen table.

Thank you.