

RSVP Form

Please complete this form and mail it to: Fall Shabbaton/Melave Malka, Congregation Beth Israel, 10 Dexter Street, Malden, MA 02148

I/We am/are (Please Circle all that apply):

Shabbaton and Melave Malka

Melave Malke Only

Member

Non-Member

Member

Non-Member

\$25/person

\$30/person

\$10/person

\$15/person

\$40/couple

\$50/couple

\$18/couple

\$25/couple

\$65/family

\$80/family

\$30/family

\$40/family

Names of those attending: _____

I (will/will not) require accommodations.

Total Cost = _____