

Pesach / Chag HaMatzot 2017

Meal Plan Sign-up

Name _____

Phone # _____

Note: We want to accommodate as many of you as we can who have special dietary needs (i.e. Gluten Free, Vegetarian, Vegan, Diabetic, Food Allergies...) If you have a special dietary need **please fill-out the additional information** we need on **Page 4** of this form.

Adults (Ages 13 and up)

Breakfast \$4.00
Lunch \$5.00
Dinner \$6.00

Children 4 & under FREE

Children (5-12 yrs. old)

Breakfast \$3.00
Lunch \$3.00
Dinner \$4.00

Please indicate which meals you will be participating in.

Note: If you are participating in all of the meals go to page 3

April 10th – Monday – Pesach Meal

	<u># of Adults</u>		<u># of Children</u>
Pesach Meal	_____ @ \$15.00 = _____		_____ @ \$10.00 = _____

April 11th – Tuesday – First Day of Chag HaMatzot – Holy Day

	<u># of Adults</u>		<u># of Children</u>
Breakfast	_____ @ \$4.00 = _____		_____ @ \$3.00 = _____
Lunch	_____ @ \$5.00 = _____		_____ @ \$3.00 = _____
Dinner	_____ @ \$6.00 = _____		_____ @ \$4.00 = _____

April 12th – Wednesday – Family Day

	<u># of Adults</u>		<u># of Children</u>
Breakfast	_____ @ \$4.00 = _____		_____ @ \$3.00 = _____
Lunch	_____ @ \$5.00 = _____		_____ @ \$3.00 = _____
Dinner	_____ @ \$6.00 = _____		_____ @ \$4.00 = _____

April 13th – Thursday – Free Day

	<u># of Adults</u>		<u># of Children</u>
Breakfast	_____ @ \$4.00 = _____		_____ @ \$3.00 = _____

April 14th – Friday – Erev Shabbat

	<u># of Adults</u>		<u># of Children</u>
Breakfast	_____ @ \$4.00 = _____		_____ @ \$3.00 = _____
Lunch	_____ @ \$5.00 = _____		_____ @ \$3.00 = _____
Dinner	_____ @ \$10.00 = _____		_____ @ \$7.00 = _____

April 15th – Shabbat

	<u># of Adults</u>		<u># of Children</u>
Breakfast	_____ @ \$4.00 = _____		_____ @ \$3.00 = _____
Lunch	_____ @ \$5.00 = _____		_____ @ \$3.00 = _____
Dinner	_____ @ \$6.00 = _____		_____ @ \$4.00 = _____

April 16th – Sunday – Erev Last Day of Chag HaMatzot

	<u># of Adults</u>		<u># of Children</u>
Breakfast	_____ @ \$4.00 = _____		_____ @ \$3.00 = _____
Lunch	_____ @ \$5.00 = _____		_____ @ \$3.00 = _____
Dinner	_____ @ \$10.00 = _____		_____ @ \$7.00 = _____

April 17th – Monday – Last Day of Chag HaMatzot – Holy Day

	<u># of Adults</u>		<u># of Children</u>
Breakfast	_____ @ \$4.00 = _____		_____ @ \$3.00 = _____
Lunch	_____ @ \$5.00 = _____		_____ @ \$3.00 = _____
Dinner	_____ @ \$6.00 = _____		_____ @ \$4.00 = _____

Meal Plan Participants:

Adult #1 _____

Adult #2 _____

Adult #3 _____

Adult #4 _____

Child #1 _____ Age: _____

Child #2 _____ Age: _____

Child #3 _____ Age: _____

Child #4 _____ Age: _____

Child #5 _____ Age: _____

Child #6 _____ Age: _____

Note: An adult participating in all meals = \$117

A child participating in all meals = \$79

Total # of adults – All Meals _____ @ \$117 = _____

Total # of children – All Meals _____ @ \$79 = _____

Enter below for those not participating in all meals:

Total # of **adult** breakfasts _____ @ \$4.00 = _____

Total # of **adult** lunches _____ @ \$5.00 = _____

Total # of **adult** suppers _____ @ \$6.00 = _____

Total # of **adult** Passover Meals _____ @ \$15.00 = _____

Total # of **adult** suppers – Friday night April 14th _____ @ \$10.00 = _____

Total # of **adult** suppers – Sunday night April 16th _____ @ \$10.00 = _____

Total # of **child** breakfasts _____ @ \$3.00 = _____

Total # of **child** lunches _____ @ \$3.00 = _____

Total # of **child** suppers _____ @ \$4.00 = _____

Total # of **child** Passover Meals _____ @ \$10.00 = _____

Total # of **child** suppers – Friday night April 14th _____ @ \$7.00 = _____

Total # of **child** suppers – Sunday night April 16th _____ @ \$7.00 = _____

Total for all meals = _____

NOTE: We need to get a good percentage of the food in advance of Passover. This means that we need to have funds in advance to purchase them. Please send in this meal plan form and your **check made out to MTOI by March 15th, 2017**. Thank you.

NOTE: We recommend that you make a copy of this form prior to sending it in.

We look forward to eating with all of you!!!

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Special Dietary Needs – Additional Info

Note: Depending on the dietary restriction and the number of people with the same restrictions we may not be able to provide an appropriate menu for you. Someone will contact you to discuss your restrictions and options.

Name _____ Age (if under 18) _____

Phone # of individual or guardian _____ Email: _____

Special Dietary Need _____

Specific foods or ingredients you need to avoid _____

Name _____ Age (if under 18) _____

Phone # of individual or guardian _____ Email: _____

Special Dietary Need _____

Specific foods or ingredients you need to avoid _____

Name _____ Age (if under 18) _____

Phone # of individual or guardian _____ Email: _____

Special Dietary Need _____

Specific foods or ingredients you need to avoid _____

Name _____ Age (if under 18) _____

Phone # of individual or guardian _____ Email: _____

Special Dietary Need _____

Specific foods or ingredients you need to avoid _____
