

Adat Hallel

MESSIANIC CONGREGATION

Cordially invites you, your family and friends to our

COMMUNITY PASSOVER SEDER

Sunday, April 28th, 2024

Pre-registered Attendees pick up name tag and table number beginning @ 5:00 p.m.

Program begins @ 6:00 p.m.

Red Hill Lutheran Church

13200 Red Hill Avenue,

Tustin, CA 92780

(FREE self-parking) Limited Seating!

The Evening includes:

Complete Passover Meal, Seder plate, and Traditional Messianic Haggadah (Booklet with order of service)
Plus Messianic worship, praise, and Davidic dance

Reservations by pre-registration ONLY!

\$25.00 each

(There will be No Nursery or Child care provided for this event)

'Please No children in strollers allowed'

Call (714) 630-6703 for registration information.

HOW TO REGISTER:

1. **Decide who you wish to have in your party;** seating arrangements are set upon arrival. Your **PAYMENT secures your registration.** If your party numbers more than 6, additional copies of this form may be completed and enclosed with your registration.
2. **List the names (first and last) of all those in your party & special meal requests (gluten free gf or vegetarian v).** If you are the host/hostess, register entire table under one contact name.
3. **Include a single payment for all those in your party with your registration form.** The charge for the Seder **includes** the meal, beverage, Seder plate elements and Haggadah; make checks payable to: **Adat Hallel.**
4. **Enclose your registration form, check in an envelope, and mail it to:**

Adat Hallel Seder, 1475 S. State College Blvd., Ste. 108, Anaheim, CA 92806-5701 fax: (657) 201-3136

**Note: Payment secures Registration. You will not be receiving tickets or confirmation by mail before the Seder.*

5. **When you arrive for the Seder...** give your name at the Registration Area to receive your name tag(s), Haggadah, and table number.

PLEASE PRINT CLEARLY

<u>Registration Form</u>		<u>Clip and mail</u>	
Amount:		Amount:	
1. _____	gf() v() /\$ 25.00	4. _____	gf() v() /\$ 25.00
2. _____	gf() v() /\$ 25.00	5. _____	gf() v() /\$ 25.00
3. _____	gf() v() /\$ 25.00	6. _____	gf() v() /\$ 25.00

Total Amount: \$ _____

(IMPORTANT: GF(for gluten free), and/or V (for Vegetarian) meal MUST be noted next to name of individual if requested and will be designated on name tag)

Who may we contact with questions regarding your registration?

Name: _____ Phone: _____

Address: _____ City: _____ Zip: _____

Email: _____

Registration must be received by, Tuesday APRIL 23, 2024!

DO NOT MAIL REGISTRATION AFTER APRIL 16, 2024