

Oheb Shalom Family Israel Experience

December 20-31, 2010

PRELIMINARY REGISTRATION FORM

Send in this form with a deposit of \$100 per person (made payable to Congregation Oheb Shalom Congregation) by **April 1, 2010** to:

Oheb Shalom Congregation

170 Scotland Rd.,
South Orange, NJ 07079

Family Name _____

Names of adults:

Names of children and their ages by December, 2010):

Number of hotel rooms requested: _____

Address: _____

Home phone: _____

Cell phone: _____

E-mail address: _____

Enclosed is a deposit of \$_____

Note: Passports must be valid for at least 6 months past December, 2010.