

# Pesach / Chag HaMatzot

March 30 – April 8, 2018

## Registration Form

We are very excited to be celebrating Pesach and Chag HaMatzot (Passover and Unleavened Bread) this year at:

YMCA Blue Ridge Assembly  
84 Blue Ridge Assemble Drive  
Black Mountain, NC 28711

**No Pets, No Smoking anywhere  
on the property**

### **Housing, Meals, and Meeting Spaces:**

Prices include housing, meeting spaces and all meals:

Adults (Ages 12 +)	\$373.00 per person
Children (Ages 3-11)	\$236.00 per person

### **Registration Fee: \$40 per single or \$75 per family**

There is a Registration Fee of \$40 for a single adult or \$75 for a family This will go to offset all operational costs, any unforeseen costs and the supplementation of housing and meal expenses for those that need help affording these things.

### **Youth Program Fees: \$35 per child participating**

We offer a fabulous program for the youths ages 5-19 which are split into 3 groups:

- Katan Aleph – Ages 5-8
- Katan Bet – Ages 9-12
- Gadol – Ages 13-19

These programs will have daily activities. We are requesting a fee of **\$35 per participant**. This will go to offset the costs of class supplies, snacks and crafts materials. For more details about the program contact Rebbetzin Julie Berkson 423-713-5231.

**Note 1:** **Call first before** sending in your registration to confirm your housing.

**Note 2:** Then **send us page 2 of this form** with your check or money order.

**Note 3:** **All reservations must be made through MTOI.**

**Note 4:** We are encouraging people to leave on April 7<sup>th</sup> after sundown or on April 8<sup>th</sup> by noon.

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### Mail a copy of this page back to:

MTOI  
5002 Howardsville Rd.  
Apison, TN 37302

**Important:** Make check payable to:  
**MTOI**

Adult 1: \_\_\_\_\_

Adult 2: \_\_\_\_\_

Adult 3: \_\_\_\_\_

Adult 4: \_\_\_\_\_

Phone #: \_\_\_\_\_

Email: \_\_\_\_\_

Child 1: \_\_\_\_\_ Age: \_\_\_\_\_

Child 2: \_\_\_\_\_ Age: \_\_\_\_\_

Child 3: \_\_\_\_\_ Age: \_\_\_\_\_

Child 4: \_\_\_\_\_ Age: \_\_\_\_\_

Child 5: \_\_\_\_\_ Age: \_\_\_\_\_

Child 6: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

List any medical conditions or special needs that you would like us to be aware of below:

### Balance Calculation:

<input type="checkbox"/> Adults (Ages 12 +)	_____	x \$373 each =	_____
<input type="checkbox"/> Children (Ages 3-11)	_____	x \$236 each =	_____
<input type="checkbox"/> Registration – Single		\$40 =	_____
<input type="checkbox"/> Registration – Family		\$75 =	_____
<input type="checkbox"/> YMTOI Program	_____ participant(s)	x \$35 =	_____
		Total	_____

### Dietary Special Needs:

Gluten Free

Vegan

Vegetarian

Diabetic

If you are not attending for the full time please contact us ASAP at 423-825-4975 to discuss partial stay options.