

RSVP FOR SHABBAT ACROSS AO – FRIDAY, NOVEMBER 5, 2021

We are thrilled that you and your family are joining us for the Shabbat Across AO 2021 on Zoom on November 5th at 5:00p.m.

The dinner will be catered by Menchen's Catering and is kosher and very delicious! It will be boxed and delivered to you on Friday, November 5, 2021, between 12 noon and 3pm.

Adult Meal Choices - serves 2:

(Each meal includes a salad, entrée, vegetables, and dessert)

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|--|------------------|
| A. Maple Glazed Grilled Chicken Breast | \$70.00 p/couple |
| OR | |
| B. Pomegranate Glazed Salmon | \$70.00 p/couple |
| OR | |
| C. Mushroom Ravioli with a Marinara Sauce and | \$70.00 p/couple |

Additional meals will cost \$45.00 p/p.

Children's Meal Choices - serves 1:

For children and grandchildren under the age of 13

(Each meal includes a caesar salad, potato wedges and a brownie with sprinkles)

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|---|-----------------|
| D. Schnitzel | \$20.00 p/child |
| OR | |
| E. Pasta with Tomato Basil Sauce | \$20.00 p/child |

PLUS - Every Family will also receive a complimentary large Challah (from Grodzinski's) for your Shabbat table.

PLEASE NOTE: THIS EVENT IS FOR FRATERNITY MEMBERS AND THEIR IMMEDIATE FAMILY ONLY. IT HAS BEEN HEAVILY SUBSIDIZED BY THE FRATERNITY.

To register please complete the form below and return it to the Fraternity office.

REGISTRATION FORM:

IT IS VERY IMPORTANT TO COMPLETE THIS FORM ACCURATELY AND RETURN IT TO THE OFFICE BY SCAN/EMAIL: INFO@AOTORONTO.ORG **OR** FAX: 416.250.8668

Due date: Friday, October 29, 2021, we will not accept any registrations after this date.

ORDER INFORMATION:

NAME: _____

of adults attending: _____

Meal choice (1): _____

of additional adults: _____

Meal Choice: _____

Total for adults: \$ _____

of children attending: _____

per meal choice: Schnitzel: _____ Pasta: _____

Total for children: \$ _____

Family total: \$ _____

PAYMENT:

We accept Visa, Mastercard or eTransfer to info@aotoronto.org

Credit Card information:

Name: _____ Phone number: _____

Credit Card #: _____ Exp: _____ CVV#: _____

Amount to be paid: _____

Registration & Zoom link will be confirmed via email once payment is processed.

DELIVERY INSTRUCTIONS:

The meals will be delivered between **12 noon and 3 p.m. on Friday, November 5, 2021**

Address (with apartment number) and postal code: _____

Name & Cell number of person receiving the delivery: _____

Delivery instructions e.g. for condos & apartments: _____

