

*Torah Family Enrichment Retreat*  
*Shabbos Nachamu – August 15-17, 2008*

**REGISTRATION FORM**

**WE WILL BE AT THE TORAH FAMILY ENRICHMENT RETREAT!**

Choose as applicable: \_\_ Rabbi \_\_ Dr. \_\_ Mr. \_\_ Mrs.

Names: \_\_\_\_\_

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

\_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Attending children & ages: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

( ) Babysitting needed

( ) Special dietary restrictions

( ) Financial arrangements to be discussed

\_\_\_ Adults @ \$250 = \$ \_\_\_\_\_

\_\_\_ 6-12 @ \$100 = \$ \_\_\_\_\_

\_\_\_ 1-5 yr @ \$ 50 = \$ \_\_\_\_\_

TOTAL DUE: \$ \_\_\_\_\_

Deposit Amount: \$ \_\_\_\_\_

Balance Due: \$ \_\_\_\_\_

**\$100.00 Deposit non-refundable 30 days prior to retreat, with limited exceptions.  
Payment in full required by July 31, 2008**

\_\_\_ Check Enclosed (Make checks payable to "AMERICAN FRIENDS OF ORCHOS CHAIM")

Amount \$ \_\_\_\_\_ Check # \_\_\_\_\_

\_\_\_ Credit Card (Visa, Mastercard, American Express)

3 digit code

Amount \$ \_\_\_\_\_ Card # \_\_\_\_\_ ( )

Name on Card: \_\_\_\_\_ Exp. Date \_\_\_\_\_

**Please send your completed Registration Forms and payment to:**

**Laura Leventhal**

**6720 Chokeberry Road**

**Baltimore, MD 21209**

**Phone: (410) 580-9381 / Fax: (410) 602-3977**

**pearlstoneretreat@gmail.com**

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**REGISTRATION FORM SUPPLEMENT**

*The following information is to help us create a better program.  
All areas are optional to fill out, but we would greatly appreciate your input and cooperation.  
THANK YOU!*

# Years Married: \_\_\_\_\_ Is this the first marriage for both spouses? \_\_\_ Yes \_\_\_ No  
# Total Children: \_\_\_\_\_ Please list Age/Sex of all children not listed above: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Shul Affiliation: \_\_\_\_\_

Schools Children Currently Attend: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Do any children receive special education services inside or outside of school? \_\_\_ Yes \_\_\_ No

What topics would you like discussed at the Shabbaton? (in order of preference)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

What do you hope to gain from the Shabbaton?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Additional notes, comments or questions (i.e. dietary restrictions):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_