

JEWBILATION: A Family "Fun"raiser

Sunday
June 3rd, 2012

Fun for All Ages
Golf, Water Park & More



East Park Gardens
1275 Hamilton Road, London

Sponsored by:
Temple Israel
Or Shalom

London Community Hebrew Day School

18 Hole Golf Tournament

12 noon

- Tee Times to be assigned
- Scramble Format
- Four Person Teams - All Skill Levels

Mini Golf & Family Fun

2:00 pm

Evening Activities

5:00 pm

- Putting Contest
- Prizes, 50/50 Draw
- Silent Auction table
- Dinner

Please send or fax this registration form to:

London Community Hebrew Day School
536 Huron St., London, ON N5Y 4J5
Fax: 519-439-0404

For further information, please contact:

Len Silverstein: 519-317-0826
Shelley Sukerman: 519-858-3342
Carol Marcus: 519-641-0288

JEWBILATION: A FAMILY "FUN"RAISER

Registration Deadline: May 25th

Family Fun Pass (All Day Water Park OR choice of 3 activities)

Names:

_____	@ \$15	\$ _____
_____	@ \$15	\$ _____
_____	@ \$15	\$ _____
_____	@ \$15	\$ _____

Choice of 3 includes:

- | | |
|--|--|
| <i>Splashpad only</i> | <i>Thunder Alley Go-Karts (3 laps)</i> |
| <i>Mini-Golf - One round</i> | <i>Driving Range - Small bucket</i> |
| <i>Bumper Cars - 3 Tokens</i> | <i>Rock Climbing - 1 climb</i> |
| <i>Jungle Gym - Kid's Play Area (12 & under)</i> | |
| <i>Batting Cage - 3 Tokens (12 balls each token)</i> | |

Adult Dinner	*Kosher	Steak	Salmon	Vegetarian		Total
Name: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	@ \$40	\$ _____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	@ \$40	\$ _____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	@ \$40	\$ _____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	@ \$40	\$ _____

Kids *Kosher Dinner	Burger	Hot Dog		Total
Name: _____	<input type="checkbox"/>	<input type="checkbox"/>	@ \$7	\$ _____
_____	<input type="checkbox"/>	<input type="checkbox"/>	@ \$7	\$ _____
_____	<input type="checkbox"/>	<input type="checkbox"/>	@ \$7	\$ _____
_____	<input type="checkbox"/>	<input type="checkbox"/>	@ \$7	\$ _____
Total:				\$ _____

* Under supervision of Rabbi Lazer Gurkow

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Registration Deadline: May 25th

Golf/Dinner	*Kosher	Steak	Salmon	Vegetarian		Total
Name: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	@ \$118	\$ _____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	@ \$118	\$ _____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	@ \$118	\$ _____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	@ \$118	\$ _____

Mini Golf/Dinner:						
Name: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	@ \$50	\$ _____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	@ \$50	\$ _____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	@ \$50	\$ _____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	@ \$50	\$ _____

Hole Sponsorship (donation receipt provided)

Name: _____ @ \$100 \$ _____

Family Fun Day Total: \$ _____

Total Payment: \$ _____

Cheque Enclosed (Make payable to LCHDS)

Visa Name: _____

M/C Card # _____ Exp. ____ / ____

Phone: _____

Send to LCHDS, 536 Huron St., London, ON N5Y 4J5
 Fax: 519-439-0404