

ALEPH: Alliance for Jewish Renewal
7000 Lincoln Dr. B-2
Philadelphia, PA 19119-3046

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Receiving duplicates? Please pass on to a friend.

ADULT #1

Name (as you want it to appear on your name tag) _____
Birthdate (m/d/y) _____ Gender: F M
Address (include street, city, state, zip) _____
Day phone (____) _____ Eve phone (____) _____ fax (____) _____
Occupation _____ Email _____ OK to email?
COURSE PREFERENCES — **list using course numbers.** Courses are filled in order of postmark. If more space is needed, please copy sheet. Also, please circle whether you selected this course primarily for the topic or the teacher.
AM 1st choice _____ topic / teacher AM 2nd choice _____ topic / teacher AM 3rd choice _____ topic / teacher
PM 1st choice _____ topic / teacher PM 2nd choice _____ topic / teacher PM 3rd choice _____ topic / teacher
Are you interested in: (check all that apply) Linda Hirschorn's Choir Jewish Gospel Choir
Room share request: _____ (every effort will be made to honor your request.)

ADULT #2

Name (as you want it to appear on your name tag) _____
Birthdate (m/d/y) _____ Gender: F M
Address (include street, city, state, zip) _____
Day phone (____) _____ Eve phone (____) _____ fax (____) _____
Occupation _____ Email _____ OK to email?
COURSE PREFERENCES — **list using course numbers.** Courses are filled in order of postmark. If more space is needed, please copy sheet. Also, please circle whether you selected this course primarily for the topic or the teacher.
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Are you interested in: (check all that apply) Linda Hirschorn's Choir Jewish Gospel Choir

CHILD/TEEN #1 Name _____ Birthdate _____ Gender: F M E-mail _____
CHILD/TEEN #2 Name _____ Birthdate _____ Gender: F M E-mail _____

OTHER INFORMATION

Noise levels: Please indicate your noise tolerance: silence.....not an issue.....party!
Electricity on Shabbat: No Yes Yes, but willing to accommodate roommate(s)
Dietary Needs (check all that apply): Lactose intolerant Wheat allergy Vegan Other _____
Do any health issues require special consideration? (Please explain.) _____
Assistance (Apartments are 10 min from classes and dining): Do you think you would need a shuttle? Yes No Wait and see
How many previous Kallah have you attended? _____ What year was the last one you attended? _____
How did you hear about the Kallah? website friend brochure other (specify) _____
Please rank your top 3 reasons for attending Kallah (place a 1, 2 & 3 in front of reason):
___ Community ___ Re-entry into Judaism ___ Davening ___ Experience Jewish Renewal ___ My family
___ Hoping to meet my Basherte (soulmate) ___ Learning (specify if particular teacher) _____
Are you affiliated? Renewal Recon Conserv Reform Havurah Orthodox other _____