

NEVE SHALOM PASSOVER SEDER DINNER

14 AVIV 5786 – THURSDAY, APRIL 2, 2026 C.E. @ 5:00 pm

WHO: NEVE SHALOM (OASIS OF PEACE) FULL COVENANT ASSEMBLY

PLACE: TLC (Torah Learning Center), 521 S. STATE STREET, #7, BELVIDERE, IL 61008

TIME: DOORS OPEN AT 4:30 PM [PLEASE COME EARLY SO WE CAN BEGIN PROMPTLY AT 5:00 PM]

MENU

Matzo Ball Soup, Israeli Salad

Herbed Chicken or Lamb

Vegetable Tabbouleh

Assorted Passover Sweets & Beverages

All reservations MUST be submitted by APRIL 5th. All ticket monies MUST arrive with the reservations.

All seating assignments will be made first come/first served to make the best use of our seating capacity.

If you have dietary restrictions or wish to sit with another person or family, make your request on the back of the bottom portion that you send in with your reservations. We will do our best to accomodate.

Except for unusual cases, all seating assignments are final.

*** No nursery is provided. Children will sit with parents.***

Your reservation will be confirmed by email or by phone no later than March 21st.

Questions? Call (815) 713-5539.

Cut and send bottom portion with payment. Keep top part as a reminder.

✂ CUT HERE -----

PLEASE CIRCLE YOUR CHOICE OF LAMB (L) OR CHICKEN (C) BELOW

ADULT <small>(12 years & up)</small>	CHILDREN			FIRST NAME <small>(& last name if different than the person making the reservation).</small>	PRICES	
	<small>(8-11 yrs)</small>	<small>(4-7 yrs)</small>	<small>* (3 yrs & under)</small>		ADULT (12 years & up) \$22.00 x _____ = \$ _____	CHILD <u> </u> (8 - 11 years) \$12.50 x _____ = \$ _____
\$22	\$12.50	\$10.50	FREE <small>When sharing parent's plate</small>	<small>*List ALL names including any FREE child *</small>	CHILD <u> </u> (4 - 7 years) \$10.50 x _____ = \$ _____	*FREE CHILD (3 years & under) x _____ = FREE
					TOTAL (guests)..... _____	TOTAL (money sent in)..... \$ _____
L C	L C	L C			NAME _____	
L C	L C	L C			ADDRESS _____	
L C	L C	L C			(town, state, zip) _____	
L C	L C	L C			BEST PHONE NUMBER: <u> </u> (circle) day / evening	
L C	L C	L C			(_____) _____ - _____	
L C	L C	L C			EMAIL: _____	
L C	L C	L C			* No nursery is provided. Children will sit with parents. *	

Please write dietary restrictions and special requests on back. Permission is given to copy this form.

Make Checks out to: OASIS MINISTRIES

Send registration form with payment to:

**c/o TLC (Torah Learning Center)
521 S. State Street, #7
Belvidere, IL 61008**

Office Use Only	
Check #	
Received	
Confirmed	

