



Temple Beth Emet invites you to our Synagogue's Annual Weekend Retreat. This program is designed for individuals, couples, empty-nesters and families to come together as a community. Our goal is to build relationships, engage in Jewish Learning and have fun! It's all about Creating Connections!

When: Friday – Sunday, October 25-27, 2019

Where: Club Med, Port St. Lucie – An all-inclusive resort.

Activities: Shabbat and Havdalah Service, Discussion Groups with the Clergy, Sports and Games, Sailing, Trapeze, Evening Entertainment Shows, Pools, Beaches, Mitzvah Project and more!

Cost: Hotel room for 2 nights, all meals, snacks and program activities are included in the price.

Price per Person: \$370 per adult
 \$190 per child ages 12-15
 \$150 per child ages 4-11
 \$60 per child ages 0-3

*(*If you are a club med member we will deduct \$60 per adult and \$30 per child from the total price)
(*If you are interested in one night rates only please contact Laura Goodman for more information.)*

Payment: All payments are made directly to Temple Beth Emet. DO NOT CONTACT CLUB MED.

Contact Information: Laura Goodman, Director of Engagement and Programming laura@templebethemet.org or 954-680-1882 x 1140



TBE RETREAT REGISTRATION FORM

Family Last Name: _____

Name of Adult #1: _____ T-Shirt Size: S M L XL

Name of Adult #2: _____ T-Shirt Size: S M L XL

Name of Child: _____ Grade: _____ Age: _____ T-Shirt Size: YS YM YL AS AM

Name of Child: _____ Grade: _____ Age: _____ T-Shirt Size: YS YM YL AS AM

Name of Child: _____ Grade: _____ Age: _____ T-Shirt Size: YS YM YL AS AM

Name of Child: _____ Grade: _____ Age: _____ T-Shirt Size: YS YM YL AS AM

Address: _____ City: _____ Zip: _____

Email: _____

Home Phone: _____ Cell Phone: _____

Dietary restrictions of any kind? _____

Will you require a crib or rollaway? _____

Cost: Includes hotel room for 2 nights, all meals, snacks and program activities.

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 \$190 per child ages 12-15
 \$150 per child ages 4-11
 \$60 per child ages 0-3

*(*If you are a club med member we will deduct \$60 per adult and \$30 per child from the total price)*

PAYMENT:

of Adults _____ x \$370 = _____

of Child(ren) Ages 12-15 _____ x \$190 = _____

of Child(ren) Ages 4-11 _____ x \$150 = _____

of Child(ren) Ages 0-3 _____ x \$60 = _____

Total Fees Enclosed = _____

Check/Cash is enclosed for payment

Credit Card

Name on Credit Card: _____

Amount: \$ _____ CC #: _____

Exp. _____ CVS: _____

Billing Address: _____