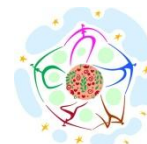




TBM Sisterhood

2012 Membership Form*



The Sisterhood of Temple Beth Miriam greatly values the financial support you provide through your annual Sisterhood Membership dues. Due to your generosity, we are able to enhance temple life in many ways, not just for the women of TBM, but for the religious school children and the general TBM membership.

In addition to knowing you are part of all of the wonderful projects that Sisterhood facilitates, those ladies who join Sisterhood are eligible for a variety of discounts on their "Women's REC Weekend" registration! See the brochure and registration forms for details.

Kindly complete the information section below, select the level of Sisterhood Membership that best suits your ability to give, and mail with your REC Event Registration form and payment.

Name _____

Address _____

Home Phone _____ Cell Phone _____

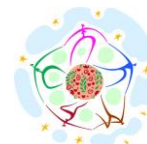
Email _____ Birth Date (Mo/Day) _____

<u>Membership Level</u>	<u>Membership Contribution</u>	<u>Available REC Weekend Membership Discounts</u>
<input type="checkbox"/> Leah	\$36	- Ala Carte Member Pricing in Sections C & D
<input type="checkbox"/> Rachel	\$54	- 1 Day Pass Option of Saturday &/or Sunday - Ala Carte Member Pricing in Sections C & D
<input type="checkbox"/> Rebecca	\$72	- Full Weekend Pass Option - 1 Day Pass Options for Saturday &/or Sunday - Ala Carte Member Pricing in Sections C & D
<input type="checkbox"/> Sarah	\$90	-\$20 Merchandise Credit for Presenters or Gift Gallery - Full Weekend Pass Option - 1 Day Pass Options for Saturday &/or Sunday - Ala Carte Member Pricing in Sections C & D
<input type="checkbox"/> Miriam	\$ _____ (\$91 & up)	-\$20 Merchandise Credit for Presenters or Gift Gallery - Full Weekend Pass Option - 1 Day Pass Options for Saturday &/or Sunday - Ala Carte Member Pricing in Sections C & D

*Note: You must be a member of Temple Beth Miriam to join the TBM Sisterhood.



Women's REC Weekend



January 27 - 29, 2012

Event Registration

Name _____

Please use the contact information from my membership form.

Address _____

Home Phone _____ Cell Phone _____

Email _____ Birth Date (Mo/Day) _____

INSTRUCTIONS: 1) Check the appropriate box(es) in each section below, 2) Total the fee for each section, 3) Move the totals to the "Fee Summary" section, 4) Add up your total remittance.

Section A: SISTERHOOD MEMBERS ONLY: Money Saving Options (MUST Check at least one box)

<input type="checkbox"/>	Full Weekend Pass - Available to <u>Rebecca</u> , <u>Sarah</u> or <u>Miriam</u> Level Members - Savings of up to \$75 off the Non-Member pricing! - Includes all Saturday and Sunday activities (Enter \$0 for Sections C & D)	\$100
<input type="checkbox"/>	Saturday Day Pass - Available to <u>Rachel</u> , <u>Rebecca</u> , <u>Sarah</u> or <u>Miriam</u> Level Members - Savings of up to \$30 off the Non-Member pricing! - Includes all Saturday activities (Enter \$0 for Section C)	\$45
<input type="checkbox"/>	Sunday Day Pass - Available to <u>Rachel</u> , <u>Rebecca</u> , <u>Sarah</u> or <u>Miriam</u> Level Members - Savings of up to \$35 off the Non-Member pricing! - Includes all Sunday activities (Enter \$0 for Section D)	\$65
<input type="checkbox"/>	No thank you , I am going to choose from the ala carte menus.	N/A

Section A Total - _____

Section B: Friday Night Activities (MUST check one box for each line)

6:30-7:30 pm: <u>Wine and Cheese Reception</u> (Don't forget your canned food item!) <input type="checkbox"/> Not Attending <input type="checkbox"/> Attending - Number of People _____	No Charge
8:00-10:00 pm: <u>Shabbat Service and Oneg</u> <input type="checkbox"/> Not Attending <input type="checkbox"/> Attending - Number of People _____ Would you like to participate in the service? (Please Circle One)	No Charge Yes No

(Continued On Back →)

Section C: Saturday Ala Carte Activity Menu (Check each box to indicate you are attending)

		Member \$	Non-Member \$
<input type="checkbox"/>	9:30-11:00 am: <u>Anusara Torah Yoga</u>	\$20	\$25
<input type="checkbox"/>	11:30 am-2:30 pm: <u>Spa Lunch</u> (Treatment Required)	Included	\$5
<input type="checkbox"/>	3:15-4:45 pm: <u>"Organizational" Meeting</u>	Included	Included
<input type="checkbox"/>	6:00-6:45 pm: <u>"Soup"ortive Potluck Supper</u>	2 quarts of soup and containers	
<input type="checkbox"/>	7:00-8:30 pm: <u>Dancing, Drumming & Dessert</u>	\$35	\$45

Section C Total - _____

Section D: Sunday Ala Carte Activity Menu (Check each box to indicate you're attending)

		Member \$	Non-Member \$
<input type="checkbox"/>	10:00-11:00 am: <u>Women's Torah Study and Breakfast</u>	Free For All Ladies	
<input type="checkbox"/>	11:15 am-12:15 pm: <u>Project Night Night Bag Assembly</u>	N/A	N/A
<input type="checkbox"/>	12:30-2:30 pm: <u>Nutrition Workshop and Healthy Lunch</u>	\$15	\$20
<input type="checkbox"/>	2:45-3:45 pm: <u>Relax-itation Workshop</u>	\$20	\$30
<input type="checkbox"/>	4:00-7:30 pm: <u>Bracelet Workshop & Rosh Chodesh Dinner</u>	\$40	\$50

Section D Total - _____

- Make check payable to TBM Sisterhood
- Mail Membership, Event Registration, and Spa Reservation forms with check to:

Debbie Gerbman
101 Park Ave
Fair Haven, NJ 07704

- Registration is due by January 13, 2012 to avoid the Late Registration Fee of \$25.

Fee Summary

Registration Fee	\$5
Section A Total =	
Section B Total =	N/A
Section C Total =	
Section D Total =	
Late Registration Fee	
Total Remittance =	

Waiver: By signing this form, I certify that I am in good health and physically fit to engage in the various activities being offered by the Sisterhood of Temple Beth Miriam during the weekend of January 27 - 29, 2012 ("the offered activities") and have no known medical condition that could jeopardize my safety during participation in the offered activities or be aggravated by such participation. By signing this form, I hereby forever release, acquit, discharge, indemnify and hold harmless the Sisterhood of Temple Beth Miriam and Temple Beth Miriam, its officers, associates, and employees from any and all causes of action, claims, demands and liabilities of any kind arising from or in any way connected with my participation in the offered activities. If I am pregnant or become pregnant or am post-natal, my signature verifies that I am participating in the offered activities with my doctor's full approval.

Signature _____ Date _____

Emergency Contact _____ Phone Number _____

Spa Treatment Reservation Request Form

→Space is very limited for this pampering afternoon. There is a limit of 1 treatment per person. Time slots will be filled on a 1st come 1st serve basis. The first group of reservations will be made on December 5th, so mail your "Reservation Request" with your "Event Registration" as early as possible to assure a space for this pampering event! You will be notified of the type and time of your treatment by phone and/or email as soon as the reservation is made.

→Treatments will be scheduled between 11:30 am and 2:30 pm on Saturday January 28th. Lunch will be set up from 12:00 pm until 2 pm. You have use of the pool, hot tub and steam room both before and after your treatment.

→The discounted prices below include all taxes and gratuity. Paid spa treatment is required to attend the lunch and use the hotel facilities.

→Credit card information is required to hold the spa treatment reservation. Debbie Gerbman and Robin Fitzgerald, the manager at the Ocean Place Spa, will be the only people to see this information. All reservations sheets will be shredded once your reservation is made. Nothing will be charged to this card unless you miss your treatment time without cancellation. You will settle your bill with the spa upon your arrival.

→The Spa requires a minimum of 24 hours advance notice for cancellation of services. Without this notification, you will be billed for your service. Please call the Ocean Place Spa directly, at 732-571-4000 ext. 6060, with any cancellations.

→Please understand that late arrivals will not receive an extension of scheduled treatment time. An unrushed treatment will be rendered only for the remainder of the scheduled session. You will be responsible for the full service cost.

Mark your 1st, 2nd & 3rd Choices (if applicable)

_____ 50 min Swedish Full Body Massage	\$107.00
_____ 25 min Stress Buster Massage	\$85.60
_____ 50 min Organic Deep Cleanse Facial	\$123.05
_____ 25 min Refresher Facial	\$85.60
_____ 50 min Body Wrap	\$128.40

Name _____

Home/Cell Phone _____ Email _____

Credit Card Number _____ Expiration Date _____

****DO NOT SEND PAYMENT WITH RESERVATION SHEET. YOU WILL PAY THE SPA DIRECTLY.****