CONGREGATION

KONA BETH SHALOM

COMMUNITY PASSOVER SEDER

Wednesday, April 8, 2009 - 6:00 pm
The Outrigger Keauhou Beach Resort
Kalanikai Pavilion

The members of Congregation Kona Beth Shalom cordially invite you to join our Community Passover Seder on Wednesday, April 8, at the Outrigger Keauhou Beach Resort, 78-6740 Alii Drive, Kailua-Kona, in the Kalanikai Pavilion on the water's edge. Seating begins at 6:00 pm and the Seder begins **promptly** at 6:30 pm. Shari Berman and Dr. Barry Blum, assisted by members of the congregation, will conduct the Seder. Our recent Seders there have been splendid events. We anticipate another delicious meal and joyous celebration this year!

The dinner menu includes salad, gefilte fish, matzo ball soup, followed by a main course of brisket, marinated roasted vegetables, Hawaii Island sweet potatoes, and dessert with coffee and tea, served buffet style. We will also provide matzo, kosher wine, eggs in salt water, charoseth and other ceremonial foods on the traditional Seder Plates at each table.

Reservations and payments must be received before April 5, to assure seats.
Call Mike Bernstone (808-883-3809) if you're late.
To reserve meals, please detach the lower portion of this notice and mail it with your check or credit card information.
Children's complementary meal courtesy of the WaKoBeS

You may become a Member of KBS by sending your tax-deductible contribution now:
Single Membership $180; Family Membership $288; Sustaining Membership $396

For additional information call 808-322-1638 (konabethshalom@gmail.com) or go to www.konabethshalom.org.

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Make your check payable to "CONGREGATION KONA BETH SHALOM" and mail to:
Michael Bernstone, 68-3840 Lua Kula St., #E204, Waikoloa, HI 96738

Please reserve ___ meals for the Passover Seder on Saturday, April 19, 2008.

___ KBS members:	adults	$ 50.00 per plate	= $_________
___ KBS members:	children (under13)	no charge	= $ n/c
___ Non-members:	adults	$ 60.00 per plate	= $_________
___ Non-members:	children (6-13)	$ 25.00 per plate	= $_________
___ Non-members:	children (under 6)	no charge	= $ n/c
___ Membership	$180; $288; $396		= $_________
	TOTAL ENCLOSED:		**= $_________**

Name and Address: ____
(PLEASE PRINT CLEARLY) ____

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Telephone ______________________________ E-mail ____________________________

Credit Card Number __________________________________ Expiration Date __________

Card Identifier ______________ (3 or 4 digit number on the back) Amount $ ________________