

The Alternative **YOM KIPPUR...** a spiritual **RETREAT**



Join Congregation Or Ahavah for a day of reflection and transformation at a beautiful retreat center on the Hillsborough River.

Experience the true meaning of the holiest of days - a time to return to your authentic self, a time for second chances....

When: Tuesday, October 11 and Wednesday October 12, 2016

Where: Franciscan Retreat Center
3010 North Perry Avenue, Tampa, Florida 33603

Time: Tuesday
4:00 pm - Preparatory Meditation
5:00 pm - Dinner (*fish/vegetarian meal*)
6:00 pm - Kol Nidre and Evening Services

Wednesday

8:30 - Qi-gong, Morning Yoga or Meditation
9:30 - Services throughout day with rest periods
6:40 - Havdallah followed by full *Break the Fast* Meal

What: Yom Kippur observance with spiritual integration

- Kol Nidre and Experiential Services
- Meditation and Prayer
- Drumming and Chanting
- Holiday Meal prior to Services and Full Break—Fast



Creative Rosh HaShanah Services
Celebrate the gift of a new beginning!

Sunday, 10/02/16 6:00 p. m.
Dinner and Blessing Seder

Monday, 10/03/16 10:30 p.m.
Morning Services followed by
Vegetarian/Dairy pot luck lunch, Greek Salad provided,
Addresses provided upon registration

Pricing Information can be found on the next page.

For further information, contact Rabbi Debrah Shenefelt at 813.968.7850 or orahavah.org

Congregation Or Ahavah - High Holiday Form

PRICING INFO

Yom Kippur Retreat (Payment due by 10/6/16)

Member Price: \$180 \$__
 Non-members: \$225 \$__
 Child 12-18 years: \$60 \$__
 Child under 12: Free \$__
 Single Rooms are an additional \$10 \$__

The difference between member and non-member fees can be applied to dues upon joining.

Rosh HaShanah (Payment due by 9/28/16)

Dinner and Seder Member Price: \$18 x number of people \$__
 Non-members: \$36 x number of people
 Morning Service Member Price - Free
 Non-member: \$18 x number of people
 Students: \$18 (Complete Rosh Hashanah x number of people)
 Children: 12 years and younger: Free

Be an Angel: (help another attend high holiday services)

Angel Fund Donation \$__

TOTAL PAID

\$__

REGISTRATION

Name: _____

Other family members attending:

Name: _____ relationship _____

Name: _____ relationship _____

Name: _____ relationship _____

Address: _____

Phone Numbers: Home _____ Cell _____

Email address: _____

Services Attending: Rosh Hashanah Eve. _____ Rosh Hashanah Morn. _____ Yom Kippur _____

Make checks payable to: **Congregation Or Ahavah**

Please mail this form and your check to:

Barbara Freedland 6629 Thoroughbred Loop Odessa, Fl 33556