

St. Paul Faith Formation invites you and your family to attend...

# The St. Paul Seder Supper

Monday, April 3, 2023

6:30pm – 8:30pm

St. Paul Family Center



The Seder Supper is celebrated in the context of the Jewish tradition of the Passover meal. The Seder uses symbolic foods to commemorate the Jewish Passover and will enhance your understanding and experience of Lent and Easter. The meal includes: charoset salad, matzah bread, herbed chicken, mashed potatoes, glazed carrots, matzah stuffing, and coconut macaroons. Cost for the event is only \$25 per person and children ages 5 and under are free.

**Seating is limited.** There are six places at each table, so please reserve your place today by completing the reservation form below and returning it to the Parish Office with payment or register online at: [www.osvhub.com/stpaulchurch/forms/seder](http://www.osvhub.com/stpaulchurch/forms/seder)

**All reservations must be received in the Parish Office by Wednesday, March 29, 2023.**



## 2023 St. Paul Seder Supper Reservation Form

Please return the form below to the St. Paul Catholic Church Parish Office or mail with payment to:

**St. Paul Church Parish Office  
Attention: Faith Formation  
12708 N. Dale Mabry Hwy.  
Tampa, Florida 33618**

To reserve your place, please print clearly the name(s) of the people attending in your party. Be sure to include the name and age of the children in the family. Cost for the event is \$25.00 per person. There is no charge for children ages 5 and under.

1. _____	<input type="checkbox"/> Adult	<input type="checkbox"/> Child	Age of Child _____
2. _____	<input type="checkbox"/> Adult	<input type="checkbox"/> Child	Age of Child _____
3. _____	<input type="checkbox"/> Adult	<input type="checkbox"/> Child	Age of Child _____
4. _____	<input type="checkbox"/> Adult	<input type="checkbox"/> Child	Age of Child _____
5. _____	<input type="checkbox"/> Adult	<input type="checkbox"/> Child	Age of Child _____
6. _____	<input type="checkbox"/> Adult	<input type="checkbox"/> Child	Age of Child _____

Email Address: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Please make checks payable to: St. Paul Catholic Church

Payment Amount Enclosed: \$ \_\_\_\_\_