

HIGH HOLY DAYS TICKET REQUEST

Please be sure to bring your tickets for all Adult Services. Tickets are not required for Children's or Yizkor Services. Please order a Youth ticket if your 6-22 year old is attending Adult Services.
 Child care is available by reservation for all services.

PLEASE NOTE: You will not receive High Holy Days tickets automatically. Please use this request form to order the tickets you need. Please complete and return your forms as soon as possible. Tickets will be mailed if we receive your forms by **September 13, 2017**. Tickets ordered after September 13th may be picked up at the Temple Office between 9 AM - 5 PM Monday-Fridays or at Will Call at Barnum Hall prior to Services.

TICKETS	CHARGE	TOTAL
Members	ADULT # _____	No Charge
	YOUTH (6-22) # _____	No Charge
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Member additional tickets for guests	ADULT # _____	_____ @ \$165.00 ea
	YOUTH (6-22) # _____	_____ @ \$80.00 ea = \$ _____
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NON-Member tickets	ADULT # _____	_____ @ \$195.00 ea
	YOUTH (6-22) # _____	_____ @ \$95.00 ea
	FIRST TIME ADULT/YOUTH # _____	_____ @ FREE RH
	FIRST TIME ADULT/YOUTH # _____	_____ @ \$50.00 YK = \$ _____
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	TOTAL PAYMENT:	\$ _____

IMPORTANT! Please tell us how many "Jr. Youths" (2nd - 6th Grade) will attend the Youth Services: # _____

MEMBER/NON-MEMBER & Payment INFORMATION – REQUIRED

Name(s) _____

Address _____ City/Zip _____

Phone: _____ email _____

Make checks payable to Beth Shir Shalom Pay by _____ Visa or _____ MasterCard

Cc# _____ Exp. Date _____ Sec. No. _____ - _____ - _____

**A 3% Convenience Fee will be added to your dues for credit card payments*

If ordering Member GUEST TICKETS, please fill in all the required information on the back of this sheet.

Forms can be emailed to office@bethshirshalom.org or mailed to 1827 California Ave., Santa Monica, CA 90403

HIGH HOLY DAYS TICKET REQUEST – GUEST TICKET INFORMATION

When ordering Member Guest Tickets, please fill in all the required information here.

Member Guest(s) #1 Do you wish tickets sent to them? Yes ___ No ___

Name(s) _____ Phone () _____

Address _____ City/Zip _____

Phone: Wk () _____ Cell () _____ E-mail _____

Member Guest(s) #2 Do you wish tickets sent to them? Yes ___ No ___

Name(s) _____ Phone () _____

Address _____ City/Zip _____

Phone: Wk () _____ Cell () _____ E-mail _____

Member Guest(s) #3 Do you wish tickets sent to them? Yes ___ No ___

Name(s) _____ Phone () _____

Address _____ City/Zip _____

Phone: Wk () _____ Cell () _____ E-mail _____

Member Guest(s) #4 Do you wish tickets sent to them? Yes ___ No ___

Name(s) _____ Phone () _____

Address _____ City/Zip _____

Phone: Wk () _____ Cell () _____ E-mail _____

Member Guest(s) #5 Do you wish tickets sent to them? Yes ___ No ___

Name(s) _____ Phone () _____

Address _____ City/Zip _____

Phone: Wk () _____ Cell () _____ E-mail _____

Thank you for providing us with this important information.

Honor your loved ones during the High Holy Days

☆ HIGH HOLY DAYS MEMORIAL WALL ☆

Part of our observance on Yom Kippur is our Yizkor Memorial Service. The Beth Shir Shalom Memorial Wall honors the memory of our loved ones. All yahrzeits currently listed in our Member database will automatically be included on the memory wall. To honor those names and/or include any additional names, please return this form to the Temple Office by **Friday, September 22, 2017**.

Please include the following name(s) on the Beth Shir Shalom High Holy Days Memorial Wall. (Please PRINT)

Suggested donations are increments of chai (\$18)

\$ _____ \$900 _____ \$450 _____ \$216 _____ \$180 _____ \$72 _____ \$54 _____ \$36 _____

∞ FLOWER ARRANGEMENTS ∞

I wish to donate to the Beth Shir Shalom Flower Fund

In memory of: _____ *In honor of:* _____ *In appreciation of:* _____

Suggested donations are increments of chai (\$18)

\$ _____ \$900 _____ \$450 _____ \$216 _____ \$180 _____ \$72 _____ \$54 _____ \$36 _____

Remembered by: (Please PRINT)

Name _____

Address _____

City _____ Zip Code _____

Phone: _____ email _____

Please make check payable to: **Beth Shir Shalom** TOTAL ENCLOSED: \$ _____

Or Pay by Credit Card: CC # _____ Exp. Date _____ Security # _____

**A 3% Convenience Fee will be added for credit card payments*

High Holy Days Childcare Registration

Childcare is available by pre-paid registration, for children aged 2 to 6, during each High Holy Day Service. Snacks and age-appropriate projects with High Holy Day themes are provided. Children are brought into the Sanctuary as a group to hear the blowing of the Shofar. Space is limited, so please return your registration form as soon as possible. We are not able to accommodate children who are not pre-registered.



Registration DEADLINE: Wednesday, September 13, 2017

Please fill in the form below with your child's name and age and check each service for which your child will be attending childcare. **The cost of each childcare session is \$25 for Member's children and \$35 per session for non-Member's children.**

Please multiply the total number of childcare sessions by the appropriate fee and return this form with your check, made payable to Beth Shir Shalom, or with your credit card info no later than September 13, 2017.

Thank you!

Child's Full Name and Age	Erev Rosh HaShanah	Rosh HaShanah	Kol Nidre	Yom Kippur	Concluding Services	Total # of Sessions

Multiply Total Number of Sessions _____ x (\$25 or \$35) = \$ _____

Parent Name(s) _____

Home address _____ zip _____

Phone # you can be reached at during services _____

IMPORTANT

If any child has a food or milk allergy, please list name(s) of child(ren) and allergy here: _____

Please make check payable to: **Beth Shir Shalom** TOTAL ENCLOSED: \$ _____

Or pay by Credit Card: # _____ Exp. Date _____ Security # _____

***A 3% Convenience Fee will be added for credit card payment**