

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 20, 2019**. Tickets ordered after September 23rd 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 # _____	_____ @ \$54.00 Suggested Donation
		= \$ _____
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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.

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.