



HIGH HOLY DAYS TICKET REQUEST

Please be sure to bring your tickets for all Adult Services. Tickets are not required for the Family or Yizkor Services. Children 0 to 5 years old attending Adult Services are free. Child care for children ages 0 to 5 years old 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 8, 2023**. Tickets ordered after September 9th may be picked up at the Temple Office between 9 AM - 5 PM Monday-Fridays or at Will Call at the John Adams Middle School Performing Arts Center prior to Services.

TICKETS	CHARGE	TOTAL
Members	ADULT # _____	No Charge
	22 & UNDER # _____	No Charge
Member additional tickets for guests	ADULT # _____	_____ @ \$250.00 ea
	22 & UNDER # _____	_____ @ \$100.00 ea = \$ _____
NON-Member tickets	ADULT # _____	_____ @ \$300.00 ea
	30 & UNDER # _____	_____ @ \$150.00 ea = \$ _____
	TOTAL PAYMENT:	\$ _____

IMPORTANT! Please tell us how many children will be attending the K – 6th Grade Programming: # _____

MEMBER/NON-MEMBER & Payment INFORMATION – REQUIRED

Name(s) _____

Address _____ City/Zip _____

Phone: _____ email _____

You can pay by cash, check, credit card, PayPal (website - bethshirshalom.org), or Zelle at cynthia@bethshirshalom.org.

Please make check payable to **Beth Shir Shalom**. Paying by Credit Card:

CC # _____ Exp. Date _____ Security # _____

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

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.