

Non-Member Ticket Form

I wish to purchase # _____ tickets for all FOUR services @ \$400.

I wish to purchase # _____ single day ticket(s) @ \$100 per service.

I wish to reserve # _____ ticket(s) for full-time college students @ no cost.

Please check which service(s) you plan to attend:

- Erev Rosh Hashanah Wednesday, September 24, 7:30 PM Erev Yom Kippur (Kol Nidre) Friday, October 3, 7:30 PM
 Rosh Hashanah Thursday, September 25, 10:00 AM Yom Kippur Saturday, October 4, 10:00 AM

YOUR NAME: _____ PHONE _____

ADDRESS: _____

*** Office use only ***

No. of adults	Service (s)	Amount	Check #	Date	Status
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