

Non-Member Ticket Form, 5780-2019

I wish to purchase # _____ tickets for all FOUR services @ \$300.

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 Sunday, September 29, 7:30 PM Erev Yom Kippur (Kol Nidre) Tuesday, October 8, 7:30 PM
 Rosh Hashanah Monday, September 30, 10:00 AM Yom Kippur Wednesday, October 9, 10:00 AM

YOUR NAME: _____ PHONE _____ EMAIL _____

ADDRESS: _____

*** Office use only ***

No. of adults	Service (s)	Amount	Check #	Date	Status
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Yizkor Service New Name Form

All names will be read at the Yom Kippur Yizkor Service on Wednesday, October 9, 2019.

PLEASE SUBMIT ONLY NEW NAMES. Names already on file will be read at the service. All new names submitted below must be accompanied by a minimum \$18 donation per name.

YOUR NAME _____ PHONE _____ EMAIL _____

NEWNAME(S) TO BE READ (use back side if necessary): _____

Number of New Names _____ Total amount \$ _____

*** Office use only ***

Check #	Date	Status
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