

**5779 HIGH HOLY DAY TICKET REQUEST FORM – NON-MEMBER**

<b>Office use only</b> Received: Processed: Ticketed: Pickup:
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**Full Name:** \_\_\_\_\_ **Home Phone:** \_\_\_\_\_  
**Email is** \_\_\_\_\_  
**Required:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

Please indicate the worship services you will be attending by writing in how many tickets you need for each service, including paid additional tickets. *If you have a child in K-5<sup>th</sup> grade and will attend the 9:00am worship, your child will automatically be enrolled in K-5 Children's Program and Worship.*

		Number of tickets	Number of tickets
<b>Rosh Hashanah</b>	Erev/Evening Worship Sunday, September 9 <sup>th</sup>	Family service 6:30 pm _____	Late service 8:15 pm _____
	Morning Worship Monday, September 10 <sup>th</sup>	Traditional service 9:00 am _____	Contemporary service 11:45 am _____
<b>Yom Kippur</b>	Kol Nidre/Evening Worship Tuesday, September 18 <sup>th</sup>	Family service 6:30 pm _____	Late service 8:15 pm _____
	Morning Worship Wednesday, September 19 <sup>th</sup>	Traditional service 9:00 am _____	Contemporary service* 11:45 am _____
	Afternoon Worship Wednesday, September 19 <sup>th</sup>	Afternoon* and Neilah Begins at 4:00 pm _____	* - On Yom Kippur, Contemporary and Afternoon services will include Yizkor

See reverse side for  Accessible Seating and Parking → → →

**HIGH HOLIDAY TICKETS REQUESTED ABOVE INCLUDE THE FOLLOWING PAID TICKETS:**

*\*\*Please provide names and addresses of these tickets below*

	# REQUESTED	TOTAL
Non-Members \$250.00 Each x _____ = _____		
<b>Name</b>	<b>Address</b>	

**OTHER ITEMS:**

Yizkor Names in Remembrance Book \$18.00 per name x \_\_\_\_\_ = \_\_\_\_\_

**Total Charge:** \_\_\_\_\_

**Payment Enclosed** Check Number: \_\_\_\_\_

**Please charge my credit card:** Visa/MC/Disc \_\_\_\_\_ **Exp.** \_\_\_\_\_  
 Billing Zipcode \_\_\_\_\_

If you are not currently a temple member, are you interested in membership at Congregation Beth Am?

Yes     Possibly    Phone Number \_\_\_\_\_ Email \_\_\_\_\_

To ensure ticket distribution in time for the Holidays, PLEASE RETURN THIS FORM BY August 21st.



## ACCESSIBLE SEATING AND PARKING

FAMILY NAME \_\_\_\_\_

Do you require accessible parking?	Yes_____ No_____
Do you require accessible seating?	How many seats? _____
Do you require wheelchair seating?	Yes_____ No_____

Please circle the services you will be attending:

Rosh Hashanah Services

Family	Sun., Sept. 9 <sup>th</sup>
Erev	Sun., Sept. 9 <sup>th</sup>

Yom Kippur Services

Family	Tues., Sept. 18th
Kol Nidre	Tues., Sept. 18th

Traditional	Mon., Sept. 10 <sup>th</sup>
Contemporary	Mon., Sept. 10 <sup>th</sup>

Traditional	Wed., Sept. 19th
Contemporary	Wed., Sept. 19th
Afternoon and Neilah	Wed., Sept 19th