

5780/2019 HIGH HOLY DAY TICKET REQUEST FORM – NON-MEMBER

| |
|------------------|
| Office use only |
| Received: _____ |
| Processed: _____ |
| Ticketed: _____ |
| Pickup: _____ |

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-5th 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 | |
|---------------|---|--|-------|--|-------|
| Rosh Hashanah | Erev/Evening Worship Sunday, September 29 th | Family service 6:30 pm | _____ | Late service 8:15 pm | _____ |
| | Morning Worship Monday, September 30 th | Traditional service 9:00 am | _____ | Contemporary service 11:45 am | _____ |
| Yom Kippur | Kol Nidre/Evening Worship Tuesday, October 8 th | Family service 6:30 pm | _____ | Late service 8:15 pm | _____ |
| | Morning Worship Wednesday, October 9 th | Traditional service 9:00 am | _____ | Contemporary service* 11:45 am | _____ |
| | Afternoon Worship Wednesday, October 9 th | 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 _____ | = | _____ |
| Name | Address | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

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.**

• There will be a \$3.50 charge per transaction for charge cards 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 27st.



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. 29 th |
| Erev | Sun., Sept. 29 th |

| | |
|--------------|------------------------------|
| Traditional | Mon., Sept. 30 th |
| Contemporary | Mon., Sept. 30 th |

Yom Kippur Services

| | |
|-----------|-----------------|
| Family | Tues., Oct. 8th |
| Kol Nidre | Tues., Oct. 8th |

| | |
|----------------------|-----------------|
| Traditional | Wed., Oct.. 9th |
| Contemporary | Wed., Oct.. 9th |
| Afternoon and Neilah | |
| Wed., Oct 9th | |