

HIGH HOLY DAY WORSHIP PARTICIPATION FORM 5780/2019

We highly value member participation in our High Holy Day worship. We invite all those age 13 and over to participate in the mitzvah of leading us in prayer during Rosh Hashanah and/or Yom Kippur services. All parts are in English, with the exception of the *Aliyah*—the blessing chanted before and after the Torah reading. Service parts will be assigned on a first-come, first-served basis. So that you may become familiar with it, your part will be available for pick up at the synagogue office approximately two weeks before the service. Please take time to read through it, and as always, for additional help or to answer any questions, contact Rabbi Bellows by email (rabbibellows@congregation-betham.org) or by phone (847-383-5017). Depending upon demand, we may limit the number of honors assigned to any one family.

YES! I/WE WANT TO PARTICIPATE IN THE FOLLOWING WORSHIP SERVICE(S):

Please check the appropriate box(es) and list name and email address of volunteer(s):

- ROSH HASHANAH EVENING, SUNDAY, SEPTEMBER 29TH AT 8:15PM
NAME/EMAIL _____

- ROSH HASHANAH MORNING, MONDAY, SEPTEMBER 30TH AT 9:00AM (TRADITIONAL SERVICE)
NAME/EMAIL _____

- ROSH HASHANAH MORNING, MONDAY, SEPTEMBER 30TH AT 11:45AM (CONTEMPORARY SERVICE)
NAME/EMAIL _____

- KOL NIDRE EVENING, TUESDAY, OCTOBER 8TH AT 8:15PM
NAME/EMAIL _____

- YOM KIPPUR MORNING, WEDNESDAY, OCTOBER 9TH AT 9:00AM (TRADITIONAL SERVICE)
NAME/EMAIL _____

- YOM KIPPUR MORNING, WEDNESDAY, OCTOBER 9TH AT 11:45AM (CONTEMPORARY SERVICE)
NAME/EMAIL _____

- YOM KIPPUR AFTERNOON, WEDNESDAY, OCTOBER 9TH AT 4:00PM
NAME/EMAIL _____

- I WOULD LIKE TO OFFER AN *ALIYAH* ON ROSH HASHANAH OR YOM KIPPUR
Please indicate service and time _____
NAME/EMAIL _____

Name of Contact Person: _____

Best Phone Number to Reach You: _____ **Email:** _____

Please complete this form and return it to the synagogue office by August 27, 2019. Thank you.

PLEASE TURN OVER FOR VOLUNTEER FORM.