



BET TORAH

2019 High Holy Day Family Ticket Request

Name
Address
City, ST Zip

Name:

Family member names: _____

Total number of family tickets required _____

- Children over 13 years old require tickets
- Adult children age 25 and older must purchase a guest ticket

Guest Ticket Request- This information must be included

1. Guest Name _____
 Address _____

 Relationship _____

2. Guest Name _____
 Address _____

 Relationship _____

3. Guest Name _____
 Address _____

 Relationship _____

4. Guest Name _____
 Address _____

 Relationship _____

Total Guest Tickets (_____) @ \$236 = _____

Payment for guest tickets must accompany this form. Please make your check payable to Bet Torah.

Annual Fund Pledge

Donation 2019 \$ _____

Annual Fund 2018 \$ _____

Please support our Annual Fund campaign. Your financial support is needed and appreciated.

Bet Torah · 60 Smith Avenue · Mount Kisco, NY 10549