



2021/5782 High Holy Days Ticket Request



Name _____

Address _____

City, State Zip _____

All in-person services require tickets for entry. Tickets will be issued first come-first served. As a reminder, **services in the Sanctuary are only for fully vaccinated adults, teens, and children.** Vaccinated adults and children, and those children who are not yet eligible to be vaccinated, are welcome at Tent Services.

Ticket Request for In-Person Services (please write on the back or attach additional pages if needed)

Please list each family or guest name including children.

For each service, indicate whether each person plans to attend in the Sanctuary or Tent. Do not mark anything if online participation is anticipated. *Please make only one selection per person for each service.*

Member Name	Rosh Hashanah Morning Day 1: Tuesday September 7		Rosh Hashanah Morning Day 2: Wednesday September 8		Kol Nidre: Wednesday September 15	Yom Kippur Morning: Thursday September 16		Yizkor/ Ne'ilah: Thursday September 16
	Sanctuary	Tent	Sanctuary	Tent	Sanctuary	Sanctuary	Tent	Sanctuary
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Guest Name & Relationship includes adult children ages 30+ Guest Ticket Price: \$236 each (payment must accompany this form)

	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Total Number Guest Tickets @\$236

Total enclosed \$

Online Access Registration

Please complete this section to participate in any service online.

First Name	Last Name	Email address	First Name	Last Name	Email address
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Annual Fund Pledge

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

Your Annual Fund Donation 2021 \$ _____