

HIGH HOLY DAYS' MEMBER TICKET ORDER FORM – Return this form to Temple Israel by 8/6 (we would appreciate an early response.)
 Temple Israel · 1901 N. Flagler Drive · West Palm Beach, FL 33407 | (561) 833-8421 | karen@temple-israel.com | www.Temple-Israel.com

Temple Member Name(s): _____

Daytime Phone: _____

E-Mail: _____

TICKETS REQUESTED – Please checkmark which service each person will be attending.

*Tickets for Guests: Out-of-County Adults \$100/holy day | Local Adults \$125/holy day | Children 12-18 \$50/holy day
 Children under 12, College Students and Active Military with ID are complimentary

Full Name of Each Family Member or Guest	Age if under 26	College Student (S) /Active Military (M)	Indicate if Member (M) or Guest (G)	ROSH HASHANAH		YOM KIPPUR		Total Tickets \$ Per Guest	BABYSITTING or CHILDREN'S EXP. **	
				Family ☆ 9/7 - 9am	Erev/Traditional 9/6 - 7:30pm 9/7 - 10:30am	Family ☆ 9/16 - 9am	Kol Nidrei/ Traditional 9/15 - 7:30pm 9/16 - 10:30am		R.H. 9/7	Y.K. 9/16
TOTAL:										

I/we cannot attend this year. Reason: _____

☆ Rabbi Jeffrey Salkin, Religious School Director Jackie Klein and Community Engagement Specialist Emily Aronoff will lead an age-appropriate Family Service at 9am on both Rosh Hashanah and Yom Kippur mornings. This service is FREE and open to the entire community, so bring your friends with children to join us for a worship experience designed for families.

Guests' Name(s), Relationship to Member, Address(es) & Email Addresses

**** BABYSITTING (ages 2 and under) & CHILDREN'S "HIGH HOLY DAYS' EXPERIENCE" (ages 3 - 3rd grade) run concurrently with the 10:30 am services for Rosh Hashanah and Yom Kippur.**
 If your child will be at our program, please complete below info:
 Parent/Legal Guardian Name: _____
 Cell #: _____
 Email Address: _____
**** Reserve a spot at least 10 days before each service. Arrive 20 minutes prior to the service to be directed to the program area.**

If paying by credit card, a convenience fee of 3% will be added. Thank you!

Visa MC AmEX Check # _____ payable to "Temple Israel" Total Amt \$ _____

Name Printed on Card _____ Card Number _____ Exp Date _____

Billing Address of Cardholder _____ City _____ State _____ Zip _____ Daytime Phone _____

Today's Date _____ Authorized Signature _____

Will you help us by USHERING? Yes, please call me
 Name(s): _____
 Evening Phone: _____
 Our Chairs, Mark Simkowitz and Hugo Otolenghi, will contact you.