

HIGH HOLY DAYS' MEMBER TICKET ORDER FORM – Return this form to Temple Israel by 9/12

Temple Israel · 1901 N. Flagler Dr. · West Palm Beach, FL 33407 | Tel (561) 833-8421 | Fax (561) 833-0571 | tioffice@temple-israel.com | www.Temple-Israel.com

Member(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	KOL NIDRE/ YOM KIPPUR	ABBREVIATED SERVICES FOR YOUNG CHILDREN☆		Total \$ Per Guest
				9/25 - 7:30pm 9/26 - 10:30am	10/4 - 7:30pm 10/5 - 10:30am services/programs through 7pm	R.H. Family Service 9/26 - 9am	Y.K. Family Service 10/5 - 9am	

I/we cannot attend this year. Reason: _____ TOTAL: \$ _____

☆ Rabbi Jeffrey Salkin and our Educator will lead an age-appropriate Family Service at 9am on both Rosh Hashanah and Yom Kippur mornings. These services are 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) and Email Address(es)

Will you help us by USHERING? Yes, please call me. Name(s): _____ Evening Phone #: _____

Visa MC AmEx Check Enclosed # _____ payable to "Temple Israel" Total \$ _____ *If paying by credit card, a convenience fee of 3% will be added. Thank you.*
 Cardholder Name _____ Card # _____ Exp _____ CSV _____
 Billing Address _____ City _____ St _____ Zip _____ Daytime Phone _____
 Signature _____ Today's Date _____