

**HIGH HOLY DAYS' NON-MEMBER TICKET ORDER FORM – Return this form to Temple Israel by 9/12 (seating may be limited; please reply early)**

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

Name(s) \_\_\_\_\_ How did you hear about us? \_\_\_\_\_  
 Local Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Out-of-Area Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Daytime Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ E-Mail \_\_\_\_\_

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

\*Tickets for Non-Members: 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 Attendee	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	
<b>TOTAL: \$</b>								_____

★ 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.

We invite you to become a part of our Temple Israel Family. We have a Special Deal for Non-Members who Attend our High Holy Days 2022 services!  
 Join Temple Israel for the first time by February 1, 2023 and you will receive a credit equal to your High Holy Days 2022 tickets!  
 Yes, I'd like to receive a membership packet!

Please join us for our BREAK-THE-FAST on October 5<sup>th</sup> immediately following N'ilah services. Contact us for more info and cost. The RSVP date is September 19<sup>th</sup>.

Visa    MC    AmEx    Check Enclosed # \_\_\_\_\_ payable to "Temple Israel"   Total \$ \_\_\_\_\_  
 Cardholder Name \_\_\_\_\_ Card # \_\_\_\_\_ Exp \_\_\_\_\_ CSV \_\_\_\_\_  
 Billing Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_ Daytime Phone \_\_\_\_\_  
 Signature \_\_\_\_\_ Today's Date \_\_\_\_\_

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