



Ticket Request Form

5772/2011

Last Name: _____ First Name(s): _____

Home Address: _____

City/State/Zip: _____ Email: _____

Home Phone: _____ Cell: _____

** Seating is limited. Please only request tickets for children who will be attending the High Holy Day Services and who are not enrolled in our wonderful Childcare program. (See Childcare form)
All dependent children under 23 attending services, excluding lap children, require tickets.*

YES! I am a member of Congregation Shaarei Kodesh !

*** Number of Member High Holy Day tickets required:** _____
Family membership includes tickets for dependent children under the age of 23.

• **Number of Member High Holy Day tickets** (not part of your membership)

▪ **Adults @ \$136:** _____

▪ **Children @ \$ 75:** _____

Name and address of each additional family:

**YES! I would like to become a member of Congregation Shaarei Kodesh.
Please send an application form to my above email address!**

*** Number of Member High Holy Day tickets required:** _____

_____ No one will be refused membership for financial reasons. Please check here
and someone from our Chesed Committee will contact you.

No, I/we do not wish to join at this time. I/We would like to purchase the following tickets.

*** Number of Non-Member High Holy Day tickets @ \$180:** _____

Name and address of each additional family:

TOTAL NUMBER OF TICKETS REQUESTED _____

Please make checks payable to Congregation Shaarei Kodesh
Please return this form with payment and Accounting form by September 14, 2011.

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(561) 852-6555 www.shaareikodesh.org*