

HOW MANY TICKETS DO YOU NEED FOR HIGH HOLIDAY SERVICES?

**We need to know! Please return this form by September 9, 2016.**

If you are a member in good standing you are entitled to High Holiday tickets.  
You **MUST** complete this form and return it to receive your tickets.

**NOTE:** Family membership includes two (2) adult tickets and a youth/young adult ticket for each member's single child (3<sup>rd</sup> grade through age 30). Single membership includes one (1) adult ticket.

The family of

**Youth/Young Adult Tickets (3<sup>rd</sup> grade – age 30) for children of members. Check box for desired tickets:**

- Name \_\_\_\_\_ Age \_\_\_\_\_
- Name \_\_\_\_\_ Age \_\_\_\_\_
- Name \_\_\_\_\_ Age \_\_\_\_\_
- Name \_\_\_\_\_ Age \_\_\_\_\_
- Name \_\_\_\_\_ Age \_\_\_\_\_
- Name \_\_\_\_\_ Age \_\_\_\_\_

**Total Tickets:** \_\_\_\_ Adult \_\_\_\_ Youth/Young Adult

Note: Children below 3<sup>rd</sup> grade are not allowed to attend adult services. We encourage you and your younger family members to experience the children's service for non-readers. Infant seats and strollers are not permitted in the auditorium.

**MEMBER EXTENDED FAMILY TICKETS** I will purchase tickets for my extended family (parents, grandparents, aunts, uncles, siblings and their families) at the cost listed below: **(PLEASE PRINT INFORMATION CLEARLY)**

Name (First and Last)	Relationship	Address *	City, State, ZIP	Phone	Adult (31+) \$200	Youth/Young Adult (3 <sup>rd</sup> grade - age 30) \$100
<b>Totals</b>						

Please include with my tickets       Please send extended family member tickets to their address listed above\*  
If your guest becomes a Temple Beth-El member before January 1, 2017, payment for these High Holiday tickets will be credited towards their dues.

**HIGH HOLIDAY PRAYER BOOK** The High Holiday prayer book, *Gates of Repentance*, is **NOT provided** by the Temple. We use the edition which includes gender-sensitive language. If you do not own a Gates of Repentance High Holiday prayerbook, please call the Temple office.

**BIMAH FLOWERS** Help beautify our bimah by donating flowers. Cost: \$75 each holiday or \$140 for both holidays. Your donation will be listed in the High Holiday handout at services if received by September 9. **(PLEASE PRINT INFORMATION CLEARLY)**

**Rosh Hashanah**  (\$75)

- In honor of \_\_\_\_\_  In memory of \_\_\_\_\_
- In honor of \_\_\_\_\_  In memory of \_\_\_\_\_
- In honor of \_\_\_\_\_  In memory of \_\_\_\_\_

**Yom Kippur**  (\$75)

- In honor of \_\_\_\_\_  In memory of \_\_\_\_\_
- In honor of \_\_\_\_\_  In memory of \_\_\_\_\_
- In honor of \_\_\_\_\_  In memory of \_\_\_\_\_

Last year's donation is noted in bold on the 1<sup>st</sup> line for Rosh Hashanah and Yom Kippur. Please check last year's text if you want to include that and make changes if necessary. You can also add additional honors.

From \_\_\_\_\_  
(Indicate how you wish your name(s) to appear.)

**SCROLL OF REMEMBRANCE** Please remember to return the Scroll of Remembrance form with this form in the enclosed envelope. If you currently have a listing in the Scroll of Remembrance Book, please review your form for accuracy, list changes, and return it to the Temple office.

**USHERING** It's an honor to usher during the High Holidays. I will usher for these services:

A	Selichot	Saturday	Sept.	24	Name of Member	_____
B	Erev Rosh Hashanah Service	Sunday	Oct.	2	Name of Member	_____
C	Rosh Hashanah Contemporary Service	Monday	Oct.	3	Name of Member	_____
D	Rosh Hashanah Traditional Service	Monday	Oct.	3	Name of Member	_____
E	Rosh Hashanah Children's Service	Monday	Oct.	3	Name of Member	_____
F	Rosh Hashanah Second Day Service	Tuesday	Oct.	4	Name of Member	_____
G	Kol Nidre	Tuesday	Oct.	11	Name of Member	_____
H	Yom Kippur Contemporary Service	Wednesday	Oct.	12	Name of Member	_____
I	Yom Kippur Traditional Service	Wednesday	Oct.	12	Name of Member	_____
J	Yom Kippur Children's Service	Wednesday	Oct.	12	Name of Member	_____
K	Yom Kippur Afternoon, Yizkor & Ne'ilah Service	Wednesday	Oct.	12	Name of Member	_____



**ACCESSIBLE SEATING AND PARKING**

Do you require accessible parking?  Yes  
 Do you require accessible seating?  Yes      How many seats? \_\_\_\_\_  
 Please indicate the services you will be attending (refer to services listed above):  
 A    B    C    D    E    F    G    H    I    J    K

	Cost	Quantity	Amount
Member Extended Family Adult Tickets (Age 31+)	\$200 each		\$
Member Extended Family Youth/Young Adult Tickets (3 <sup>rd</sup> grade through age 30)	\$100 each		\$
Bimah Flowers	\$75 each holiday or \$140 for both holidays		\$
Scroll of Remembrance Donation	\$		\$
<b>Total</b>			\$
<b>Consider adding 3% of total as tax deductible donation to cover Temple Beth-El's credit card costs</b>			\$
<b>Total Amount Enclosed</b>			\$

Make check payable to Temple Beth-El for the total amount noted above. To charge, please complete the information below:

Visa    MasterCard    Discover    Amex   Card # \_\_\_\_\_  
 Exp. Date \_\_\_\_\_ Security Code \_\_\_\_\_ (the 3-digit number on the back of the card) Amex (4 digit code) \_\_\_\_\_  
 Name on Card (please print) \_\_\_\_\_  
 Billing Address \_\_\_\_\_  
 Signature \_\_\_\_\_

**Please return this ENTIRE form to:** Temple Beth-El  
 3610 Dundee Rd.  
 Northbrook, IL 60062

If you have any questions, please call Marcy Chez at 847.205.9982 ext. 207.