

Beth Shalom High Holy Days Ticket Request Form

**All tickets will be available at High Holy Day services at the Information & Tickets table.
Members do not need to complete this form.**

I have enclosed a donation of at least \$72 for an individual
 I have enclosed a donation of at least \$144 for a family
(Please note: you will be given tickets for all members of your household listed below)
 I am a full-time student requesting a complimentary ticket

**Areas marked with an asterisk (*) are required.
The application cannot be processed without this information.**

ADULTS

**Please list all adults in the household. If there are more than two adults,
please fill out an additional sheet and note that they are all one household.**

	Adult 1	Adult 2
*Full name		
Hebrew name		
*Jewish	Yes / No	Yes / No
*Date of birth (mo/day/year)		
*Gender	Male / Female	Male / Female
*Home number		
Mobile number		
Email address		
*Street Address		
*City/state/zip code		

CHILDREN

<i>Children: If you have more than four children, please attach an additional sheet.</i>				
#1			M / F	
	Full name	Hebrew name	Gender	Date of birth (mo/day/yr)
#2			M / F	
	Full name	Hebrew name	Gender	Date of birth (mo/day/yr)
#3			M / F	
	Full name	Hebrew name	Gender	Date of birth (mo/day/yr)
#4			M / F	
	Full name	Hebrew name	Gender	Date of birth (mo/day/yr)

