

**TEMPLE ISRAEL HIGH HOLIDAY SERVICES**  
**Request for Guest Admission**

Name(s) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Day Phone \_\_\_\_\_ Eve. Phone \_\_\_\_\_

**All services will be at Temple Israel this year. Please indicate your preferences with an X or √.**

I plan to attend:       Rosh Hashanah service       Yom Kippur service

Please check the appropriate category

A.)  I am a member in good standing of the following *non-Akron* congregation (**YOU** must ask for a letter of reciprocity to be sent to us from your congregation, Fax 330-665-2003)

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

B.)  I am a member in good standing of the following Akron area congregation (**YOU** must ask for a letter of reciprocity to be sent to us from your congregation, Fax 330-665-2003)

C.)  I am a child (under 26 years of age) of the following member in good standing of Temple Israel:

D.)  I do not live in the Akron area, but I am a guest of the following Temple Israel member:  
Member's Name (Please include member contact information)

E.)  I live in the Akron area, but am not a member of any congregation.

F.)  I am not Jewish but would like to observe the service(s).

G.)  I am a full-time student at

**Payment must be made in full at time of application; no tickets will be issued without payment.  
Temple Office business hours are 9am-5pm Mon-Fri at Temple Israel, 91 Springside Dr, Akron OH  
44333. You can send the completed form to Kylee Burdohan at [info@templeisraelakron.org](mailto:info@templeisraelakron.org).**

**All guest tickets are kept at Will Call and can only be retrieved with a valid photo ID starting one half hour before the start of service, on the day of the service.**