



Member High Holiday Ticket Request Form

**PLEASE NOTE: CHILDREN UNDER THE AGE OF 18 DO NOT REQUIRE TICKETS FOR ANY SERVICE.
TICKETS ARE NOT REQUIRED FOR ALEPH SERVICES. ALEPH SERVICES ARE OPEN TO THE PUBLIC.**

MEMBERS IN GOOD FINANCIAL STANDING *WILL AUTOMATICALLY RECEIVE* TICKETS AS FOLLOWS:

- Family Membership receives 2 adult tickets.
- Single Membership receives 1 adult ticket.

Your High Holiday ticket is good for all services. Tickets will be sent to temple members in good standing at the end of August.

KEHILLAH FAMILY SERVICE

Kehillah Family Services for families and children ages 6-10 are held at the Temple. High Holiday tickets are required for adults only.

IF YOU NEED GUEST TICKETS, COMPLETE SECTION A and return this Ticket Request Form to the temple office.

IF YOU NEED TICKETS FOR SERVICES AT ANOTHER REFORM CONGREGATION, COMPLETE SECTION B and return this Ticket Request Form to the temple office.

SECTION A: TO ORDER GUEST TICKETS

For members who require guest tickets (**for non-member adults**), the Temple office will provide them as follows:

- Additional tickets for college students and family members residing at assisted-living facilities are provided at no charge.
- Family membership may request up to 2 guest tickets at a suggested donation of \$36 each.
- Single membership may request 1 guest ticket at a suggested donation of \$36.
- Additional guest tickets may be requested at a suggested donation of \$300 each.

Fill in Below:

of guest tickets for college students and/or elders in assisted living _____ (no charge)

of guest tickets @ \$36 _____ = \$ _____

of guest tickets @\$300 _____ = \$ _____

Total # of guest tickets _____ Total Enclosed \$ _____

PAYMENT: (For Guest High Holiday Tickets Only) Name: _____

() Enclosed please find my check (made out to Temple Shir Tikvah) in the amount of \$ _____

() Below is my credit card information in the amount of \$ _____. [] MasterCard [] Visa [] Discover

Credit Card #: _____ Expiration date: _____

Exact Name on Card: _____ Security Code: _____

SECTION B: URJ RECIPROCITY

Please send URJ reciprocity form to: _____
Name of URJ Synagogue City and State Fax or email address

Attending: () Rosh Hashanah only () Yom Kippur only () Both Services

**Return this request form with payment to the office by September 1, 2018 via mail to 34 Vine Street
Winchester, MA 01890.**