

Congregation Har Shalom 5779/2018 High Holy Days Ticket Request Form

Tickets are assigned on a first-come/first-served basis; you are encouraged to send in your requests ASAP!

All Members MUST complete and return this form in order to receive High Holy Days Tickets

DUE AUGUST 13, 2018

Name		
Address		
E-mail 1	E-mail 2	
Home Phone	Cell 1	Cell 2

_____ I/We will be attending HHD Services at Har Shalom and my service preference is:

_____ Burke Sanctuary _____ Paul Family Social Hall

✓ I/We will be attending: RH1 RH2 KN YK

_____ I/We will be attending HHD Services elsewhere. If you need a letter of reciprocity to be sent to another synagogue, please provide us with the synagogue's name, address and with whom you will be visiting:

	Number	Cost	Sub-total	Names (and ages, if children; if relatives, relationship to member)
MEMBERS (includes dependent children through age 22 as of July 1, 2018)	_____	\$0	\$ 0.00	
INDEPENDENT ADULT CHILDREN (ages 23-30)	_____	\$100	\$	
NON MEMBER TICKETS (Residing Outside the DC Area)	_____	\$180	\$	
NON MEMBER TICKETS (Residing Within the DC Area)	_____	\$254	\$	
NON MEMBER YOUTH (2 - 22)	_____	\$75	\$	
RESERVED PARKING SPACE	_____	\$500	\$	

Total Ticket Cost \$_____