

Edmond J. Safra Synagogue ☆ Joseph S. Jemal Synagogue

High Holiday Seat Order Form 2020

Name _____ Email _____ Cell # _____

Address _____

Please specify: We will be coming () Rosh Hashanah only () Yom Kipur only () Both Holidays

Location Preference: (We will try to accommodate you as best we can)

Safra Synagogue Main Sanctuary – 8:00 am ()

Jemal Synagogue Main Sanctuary – 8:30 am ()

Safra Synagogue Lower Level – 7:00 am ()

Spacious Outdoor Tent - 8:30 am () \$500 per seat

Total amount of Men’s seats _____ X \$350 ea. _____

Total amount of Women’s seats _____ X \$350 ea. _____

Membership Dues 2020 (if not already paid) _____ X \$600 _____

I am a Lifetime seat holder () YES () NO

Please contact me regarding purchasing a life time seat in our magnificent Synagogues - (Yes) / (No)

Rosh Hashanah:Shabbat & Sunday, September 19-20 & Yom Kippur: Monday, September 28, 2020

ABSOLUTLY NO SEATS WILL BE RESERVED UNLESS ALL BALANCES ARE PAID IN FULL.

Credit card information Visa___ Master card ___ Amex___

Credit card # _____ Expiration date ___/___ cvc # _____ zip _____

Please list the names of each attendee:

Men: 1. _____
2. _____
3. _____
4. _____
5. _____

Women: 1. _____
2. _____
3. _____
4. _____
5. _____

Mail to: 75 Hathaway Avenue, Deal, New Jersey, 07723

Fax: 732-517-1503 ▪ Phone: 732-531-0535 ▪ Email safrashulnj@gmail.com

for office use only

Date: received _____ charged _____ credited _____ reserved _____ emailed _____