



HIGH HOLY DAY TICKET REQUEST

NON-MEMBER

2021-5782

NAME: _____

ADDRESS: _____

CITY/STATE/ZIP _____

PHONE: _____

NUMBER OF TICKETS: _____

(Both Holidays)

_____ Seats at \$250.00 per ticket = \$ _____

_____ Seats at \$75.00 per ticket for children under 13 = \$ _____

(One Holiday Rosh HaShanah Yom Kippur)

_____ Seats at \$150.00 per ticket = \$ _____

_____ Seats at \$37.50 Per ticket for children under 13 = \$ _____

Total Enclosed = \$ _____

High Holiday tickets are tax deductible. Please make checks payable to Temple Sinai

Charge to Credit Card #: _____

Security Code: _____ Expiration Date: _____

Billing Address, if different: _____

Please mail in your request no later than August 13th if you would like your tickets to be mailed to you (recommended). Tickets can also be picked up on the day of the service at will call.