

# ORDER FORM FOR HIGH HOLIDAY TICKETS

All NCJC members must complete and return this form to the NCJC office no later than **MONDAY, SEPTEMBER 16, 2019.**

**Payment for all tickets requiring fees must accompany this form.**

**NAME(S) OF MEMBER(S):** \_\_\_\_\_

**Contact information: Telephone:** \_\_\_\_\_ **email:** \_\_\_\_\_

<b>CATEGORY</b>	<b>NAME</b>	<b>COST</b>	<b>AMOUNT ENCLOSED</b>
Children of a member between the ages of 18 & 23	Name _____ Age _____ Name _____ Age _____ Name _____ Age _____	No Charge	No Charge
Children over the age of 23	Name _____ Age _____ Name _____ Age _____ Name _____ Age _____	\$100.00 per ticket	
Other family members (cannot live in Rockland or Bergen Counties)	Name _____ Relationship _____ Name _____ Relationship _____ Name _____ Relationship _____ Name _____ Relationship _____ Name _____ Relationship _____ Name _____ Relationship _____ Name _____ Relationship _____	\$100.00 per ticket	