

The Shul of New York 2019 (5780) High Holiday Ticket Form

All High Holiday Services are at Angel Orensanz Foundation

172 Norfolk St, south of Houston St

2019 (5780) High Holiday Schedule

Erev Rosh Hashanah – Sun. Sep 29th, 7pm ♥ Rosh Hashanah – Mon. Sep 30th, 10am

Erev Yom Kippur – Tue. Oct 8th, 7pm ♥ Yom Kippur – Wed. Oct 9th, 10am

\$180 per adult (13 & older) per service is the recommended donation.
Children 12 & under **DO NOT** need a ticket for services in the Sanctuary

A ticket is required for each person 13 & older for each service. There are four services, so if you wish to attend all 4 services, you need 4 tickets per person. **Children must be accompanied by an adult in the Sanctuary at all times.**

Please remember that The Shul has **no minimum membership dues** so we count on your generosity at this time of year.

KID'S HIGH HOLIDAY SERVICES for children aged **12 and under** are held from **10am to 12:30pm** during the daytime services on both Rosh Hashanah and Yom Kippur. Kid's Service tickets are available for \$36 per service.

Reminder: Getting your tickets online at www.theshulofnewyork.org is fast, easy and helps your donation go even further.

We need your email address! Paper mailings are very expensive, so please consider giving us your email address. Paper mailings are only sent to registered Shul members without an email address on file.

PICK UP TICKETS AT THE WILL CALL DESK AFTER DOORS OPEN.

Doors open 1 hour before each service begins.

Seating is first come, first served. If you arrive late, available seats may be taken by people who arrange for admission at the door. Doors open 1 hour before each service begins.

We are required to strictly adhere to FDNY occupancy regulations. If you arrive after the scheduled start of a service, you may not find a desired seat.

Food Drive. We encourage you to bring canned or non-perishable packaged food to Yom Kippur services.

We're all volunteers! Would you like to volunteer to help during the High Holidays? Contact Program Director Karen Seidman at karen@theshulofnewyork.org to volunteer.

L'shana Tovah!

Mail this form and, if applicable, a check made out to "The Shul of New York" to
J. Brancaccio, 105 W 13th St #3C, NY NY 10011

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Erev Yom Kippur – Tue. Oct 8th, 7pm ♥ Yom Kippur – Wed. Oct 9th, 10am**

One ticket per person (13 & older) is needed for **each** adult Service and may be used at **any** adult Service. We count on **YOU** to keep this vibrant congregation **minimum-dues free**.

PICK UP TICKETS AT THE WILL CALL DESK STARTING 1 HOUR BEFORE SERVICES.

♥ **INDIVIDUAL TICKETS -- \$180 per ticket (Recommended Donation).**

Number of Adult (13 & older) Tickets	Donation Per Ticket (\$180 per Tkt. Recommended)	Donation Amount

♥ **DISCOUNTED GROUPS**

Discount Group	Ticket Groups	Discount	Number of Adult (13 & older) Tickets	Donation Amount
Group 1	4 to 7 Tkts.	10%	_____ @ \$162 each	
Group 2	8 to 15 Tkts.	15%	_____ @ \$153 each	
Group 3	16 to 24 Tkts.	20%	_____ @ \$144 each	

All tickets may be used at any 1 service. Children 12 & under DO NOT need a ticket for the Sanctuary.

♥ **KID'S SERVICE TICKETS – 10am – 12:30pm on Rosh Hashanah 9/30 and Yom Kippur 10/9.**

No. of tkts: _____ @ \$36 each. Total: \$_____ Please fill out Child Info on next page.

♥ **Shul Music Fund Donation** (and/or donation in lieu of attendance): \$_____

PLEASE PRINT CLEARLY

Name: _____ Phone: _____

Address: _____ City: _____

State: _____ Zip: _____ Email: _____

Payment by (check one): Check or Amex Visa MasterCard

Credit Card # _____ Total Donation: _____

Exp. Date (mm/yy): _____ Security Code: _____

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Kid's High Holiday Service -- Child Info Form

Order Kid's Service Tickets on the form above.

♥ **PLEASE PRINT CLEARLY**

All fields are required for each child.

1st Child Name _____ Date of Birth _____

Allergies? If none, please write "None" _____

Holiday(s) Attending: [] Rosh Hashanah [] Yom Kippur

2nd Child Name _____ Date of Birth _____

Allergies? If none, please write "None" _____

Holiday(s) Attending: [] Rosh Hashanah [] Yom Kippur

3rd Child Name _____ Date of Birth _____

Allergies? If none, please write "None" _____

Holiday(s) Attending: [] Rosh Hashanah [] Yom Kippur

All Fields are required for parents/guardians.

Parent/Guardian Name _____ Cell Phone # _____

Email Address _____ Relationship to Child _____

2nd Parent/Guardian Name _____ Cell Phone # _____

Email Address _____ Relationship to Child _____

Please copy this form for additional children.

Please Note: Your child may be photographed and/or videoed during the Kid's Service and/or in the Sanctuary. By attending Services you are giving permission for you and/or your child to appear in photos and/or videos on The Shul website or other Shul publications.

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