

Young Israel of Hollywood- Fort Lauderdale-High Holiday Seat Form 2019/5780

Email form to: info@yih.org or fax: 954-962-5566. For additional information, please call the office: 954-966-7877

I (We) _____ request seats for the High Holiday in (mark the box below):
Please Print Full Name Clearly

LOCATION	# OF MEN SEATS	# OF WOMEN SEATS
Main Sanctuary/Social Hall	_____	_____
The Club of Emerald Hills	_____	_____
Sephardic Minyan (Modular)	_____	_____
V'tikin Minyan (House)	_____	_____
L'Chaim Minyan (L'Chaim Asian Restaurant in Winn Dixie Center)	_____	_____

All locations have minyanim on Rosh Hashanah & Yom Kippur You may only choose 1 location per person

Would you like to sit in the same general area as last year? Yes _____ No _____

- Family Membership includes 2 Seats ● Single Membership includes 1 Seat ● Snowbird Membership must purchase seats

ADDITIONAL SEAT & YOUTH PROGRAM FEE SCHEDULE	PRICE	# OF SEATS	TOTAL
Children at home from 1 st – 12 th Grade	\$54	_____	\$ _____
Unmarried Children to 25 yrs. or visiting grandchildren	\$100	_____	\$ _____
Unmarried Children over 25 yrs. or visiting married children & spouses	\$125	_____	\$ _____
Relatives of Members & Snowbirds	\$154	_____	\$ _____
Non-Members	\$250	_____	\$ _____
TOTAL COST FOR ADDITIONAL SEATS:			\$ _____

YOUTH PROGRAM (Available in Main Shul & Club Only)	Price per child	# OF CHILDREN 18 mo. – Pre-K	# of Children K-3 rd Grade	TOTAL
ROSH HASHANAH	\$40	_____	_____	\$ _____
YOM KIPPUR	\$20	_____	_____	\$ _____
TOTAL COST FOR YOUTH PROGRAM:				\$ _____

TOTAL COST FOR SEATS & YOUTH PROGRAM: \$ _____

Written requests are due before August 1, 2019. After August 1st your seats from last year may not be available.

Seat Assignments will not be given without payment for additional seats, youth programs & account balances paid.

Name on Credit Card: _____

Charge My Credit Card #: _____ Exp. Date: _____ Code: _____

Billing Address on CC: _____ State: _____ Zip: _____

Print Name Clearly _____ Signature _____ Date _____

Check Enclosed or mailed in the amount of \$ _____

FOR OFFICE USE: Date Received _____ Copy for Accounting Office _____ Check enclosed _____ Ck # _____