

# 5779 HIGH HOLIDAYS SEAT APPLICATION



Family Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

## Seat Prices

	Sanctuary	Auditorium	Beit Midrash	3rd Minyan	Sephardic
Adult	\$170	\$135	\$170	\$125	\$170
First Child**	\$170	\$135	\$170	\$125	\$170
Add'l Children	\$170	\$95	\$115	\$85	\$115
3rd—5th grader	\$55	\$55	\$55	\$55	\$55

\*\* Children are from 6<sup>th</sup> grade through age 22 (unmarried).

**Application forms must be completed and submitted with payment to the shul office by July 30, 2018 to secure your seats.**

For clarity, **please fill out form completely!** Please mail, fax or email back completed form.

Indicate preferred MINYAN	NAME: (Mandatory)	Gender (Mandatory)	Adult/ Child	Cost: \$\$
		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> A <input type="checkbox"/> C	
		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> A <input type="checkbox"/> C	
		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> A <input type="checkbox"/> C	
		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> A <input type="checkbox"/> C	
		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> A <input type="checkbox"/> C	
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		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> A <input type="checkbox"/> C	
		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> A <input type="checkbox"/> C	
		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> A <input type="checkbox"/> C	
			<b>TOTAL \$</b>	

For info contact:  
Meyer Reichman 973-736-6414  
Jason Munk 973-731-7015

Checks payable to Congregation AABJ&D  
Or provide credit card info Amex MC Visa  
CC # \_\_\_\_\_

**Congregation AABJ&D**  
700 Pleasant Valley Way, West Orange, NJ 07052  
T: 973-736-1407 F: 973-736-8006  
www.aabjd.org office@aabjd.org

Exp \_\_\_/\_\_\_ CVV \_\_\_\_\_ Amount \$ \_\_\_\_\_

Signature \_\_\_\_\_

# 5779 YIZKOR BOOKLET

July 2018

Dear Friend,

We are getting ready to publish our shul's Yizkor Booklet in time for the High Holidays 5779. The booklet contains all the Yizkor prayers in Hebrew and English. In addition, it features a separate section listing the names of departed souls and the family members by whom they are remembered.

To have the names of your loved ones printed in the book, please fill out the form below. **Names listed in previous year(s) will automatically be reprinted and your account charged accordingly.** Should you wish otherwise, please notify the shul office. If you want to add new names, please fill out the form below.

**Listings are \$15 per name.**

Please return form to the shul office before July 30, 2018.

**YIZKOR MEMORIAL BOOKLET LISTING**

Your Name: \_\_\_\_\_

**NAME OF DECEASED**

**HEBREW NAME**

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

If additional room is needed, please use other side and indicate to us that you have done so.

