



**High Holidays Non-Member/Guest Ticket Request Form
2019 / 5780**

Name of Member(s) _____

I / We request the following number of ticket(s):

Out of Town Family and Youth _____ X \$100 = \$ _____
Total amount enclosed

Non-family Guests _____ X \$180 = \$ _____
Total amount enclosed

Names and ages of all children attending (18 yrs and under)

Name	Age	Babysitting needed?	Will attend High Holiday Children's & Youth Programs (HHCYP)

Out of town family and guestsTotal amount enclosed \$ _____

Non-family guestsTotal amount enclosed \$ _____

Babysitting (\$5 per child, per day)Total amount enclosed \$ _____

HHCYP Donation \$ _____

Lulav and Etrog Orders @ \$42 each\$ _____

TOTAL \$ _____

Paid w/check # _____ **Date** _____

OR

Credit Card Authorization

Credit Card Number _____

Name on card _____ Expiration Date _____ Security Code _____

Please complete this form and return it to the CBS office no later than September 9, 2019.
Congregation Beth Shalom • 1325 S. Belcher Road • Clearwater, FL 33764 • (727) 531-1418