

THE JEWISH CENTER 131 WEST 86 STREET, NY. NY. 10024
High Holiday Seat Reservations –2019-5780

PLEASE COMPLETE THE ENTIRE FORM. List: 1) The names of each adult and/or child who will occupy a seat 2) The holiday each adult and/or child will attend 3) The gender for each adult and/or child.

Name _____
 Address _____
 Phone (day) _____ (evening) _____
 Email: _____

1. _____ RH___ YK___ M___ F___
2. _____ RH___ YK___ M___ F___
3. _____ RH___ YK___ M___ F___
4. _____ RH___ YK___ M___ F___
5. _____ RH___ YK___ M___ F___
6. _____ RH___ YK___ M___ F___

_____ I/We will not be at The Jewish Center for either Rosh Hashanah and/or Yom Kippur.

Member Seating (Non-Transferrable)

*Young Leadership and Single membership receive 1 free seat
 Young Married and Family membership receive 2 free seats*

	<u>Men's</u>	<u>Women's</u>
Sanctuary	_____	_____
Auditorium	_____	_____

Seating for children of members (under 21 years old)

	<u>Men's</u>	<u>Women's</u>		<u>Total</u>
Sanctuary	_____	_____	\$175.00	\$ _____
Auditorium	_____	_____	\$125.00	\$ _____

Seating for Non-members; Children of members 21+ years old

	<u>Men's</u>	<u>Women's</u>		<u>Total</u>
Sanctuary	_____	_____	\$250.00	\$ _____
Auditorium	_____	_____	\$175.00	\$ _____

Requests: We will honor all requests to the best of our ability. Please let us know if you have a special need.

6. Please return your check payable to The Jewish Center or provide us with your credit card (Amex, Visa or MasterCard) information. (seat orders without payment will not be processed)

Name as it appears on the card: _____

Billing Address (if different from above): _____

Credit Card Number: _____ Expiration Date: _____

Your signature: _____