

2016/5777 HIGH HOLYDAY MASTER ORDER FORM

PLEASE RETURN BY SEPTEMBER 1, 2016!

**ALL MEMBERS MUST RETURN THIS COMPLETED FORM
TO RECEIVE THEIR TICKETS/GUEST TICKETS**

High Holyday Tickets / Guest Tickets will be issued to those who

1. Are members in good standing with all balances from previous years paid in full.
2. Have paid in advance for all Guest Tickets that have been requested. If your guests are members of another congregation, they may be entitled to complimentary tickets. Please contact the TBA Office at 631-1770 to determine if reciprocity applies.

Our commitment is that all are welcome to worship for the High Holydays. If you have circumstances that impact your ability to meet membership obligations, please contact the Temple office and your concerns will be addressed confidentially.

NAME MEMBER #1 _____

MEMBER #2 _____

PHONE _____ **EMAIL** _____

CHILDREN, REGARDLESS OF AGE, WHO ARE PART OF YOUR HOUSEHOLD OR WHO ARE SUPPORTED BY YOU **Complimentary - Included in Membership**

NAME _____
 NAME _____
 NAME _____
 NAME _____

IMMEDIATE FAMILY (parents, grandparents, and other adult children) **\$180.00 per ticket**

NAME _____	RELATIONSHIP _____
NAME _____	RELATIONSHIP _____
NAME _____	RELATIONSHIP _____
NAME _____	RELATIONSHIP _____
NAME _____	RELATIONSHIP _____

GUESTS **\$360.00 per ticket**

Generally, members of another Temple may obtain tickets without charge, if their Temple offers reciprocity. Please contact the Temple Office at 914-631-1770 with any questions about who may be included in purchases of guest tickets. Former TBA members who resigned within the last three years and still reside in Westchester cannot obtain guest tickets. For this High Holyday season, we are pleased to offer guest tickets to individuals who are not members of another Temple and either have never been members of TBA, or have not been members of TBA in the last three years.

NAME _____	DESCRIPTION _____
NAME _____	DESCRIPTION _____
NAME _____	DESCRIPTION _____

Include in Total High Holyday Payment on next page: \$ _____ Total for Extra Seats

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Your completed form and donation must be returned to TBA by September 1, 2016

YIZKOR MEMORIAL BOOK DEDICATION

Please include my name/our names, and the names of the following loved ones we wish to remember:

Your Name(s): _____

In loving memory of: _____

Attach an additional page, if needed, for more name listings.

If you had a loss this year please list name(s) here for inclusion in the Yizkor book: _____

Donation of \$36.00 each for your remembered loved ones up to a maximum total contribution of \$150.00. _____ x \$36.00 = \$
Total for Yizkor

HIGH HOLYDAY FLOWERS

The flowers are dedicated by _____

In loving memory of _____

CHECK ONE OR BOTH: Rosh Hashanah Yom Kippur

Donation of \$50.00 for both Holydays or \$40.00 for a single Holyday. \$_____ **Total for Flowers**

BABYSITTING RESERVATIONS

Note: We are no longer offering babysitting services on Erev Rosh Hashanah, Kol Nidrei or the afternoon of Yom Kippur

Check off the services during which you will require babysitting:

CHILD'S NAME	AGE	RH DAY 1	RH DAY 2	YK MORNING

When you arrive please register your child, inform the staff where you will be sitting during services, and of any allergies or special needs of your child. We are requesting \$18.00 per child to offset the cost of staff, food, music, and crafts for the children.

Payment of \$18.00 per child for babysitting _____ x \$18.00 = \$_____ **Total for Babysitting**

TOTAL HIGH HOLYDAY PAYMENT (Seats + Yizkor + Flowers + Babysitting) =

\$_____ enclosed.

Please make your check payable to: Temple Beth Abraham.

USHERING - PLEASE VOLUNTEER FOR AS MANY SERVICES AS YOU CAN.

Name(s): _____

Adult Children	Adult Children
Erev Rosh Hashanah []	Kol Nidre []
Rosh Hashanah Day 1 [] []	Yom Kippur Morning [] []
Rosh Hashanah Day 2 [] []	Yom Kippur Afternoon []