

TIKVAT ISRAEL CONGREGATION
High Holiday Guest and Non-Member Reservations 5777 – 2016
(additional order form on reverse)

Use this form to order guest tickets. * Please return the completed form to the synagogue office by mail or email by Thursday, September 29.

Your Name: _____

Best Day Phone #: _____ Email: _____

Names of Guests [see below for ticket fees and terms—indicate with an X day(s) attending, at right]	ROSH HASHANAH		KOL NIDRE YOM KIPPUR
	1 st Day 10/3/2016	2 nd Day 10/4/2016	10/11- 10/12/2016

****NOTE: Tikvat Israel accommodates reciprocal seating requests to and from other synagogues. Please contact the synagogue office to make arrangements.***

Number of Guest Tickets and Fees

First price is for attendance on all three days. Second price is for a one day ticket only. Kol Nidre and all of Yom Kippur count as one day. Due to heightened security, we cannot admit any individual who does not have a ticket. If you do not carry, please contact the Tikvat Israel office at 301-762-7338 to make arrangements for will-call tickets.

Adult Children over 23 /
 Other Adult Relatives /Guests _____ **\$250 / \$85**

Non-Members _____ **\$360 / \$125**

Military Personnel _____ **N/C**

Total # of Tickets: _____

Amount Enclosed \$ _____

or

Amount to Bill (Members Only) \$ _____

Please turn over for Book of Remembrance, Mahzoring, Shana Tova Greeting, Memorial Plaques and Lulav & Etrog →→→

TIKVAT ISRAEL CONGREGATION

5777 Book of Remembrance • Mahzorim • Shana Tova Greeting • Memorial Plaques • Lulav & Etrog

Return the completed form to the synagogue office by Sept. 29. Please write legibly, and use an additional sheet if necessary.

Your Name: _____

Best Day Phone #: _____ Email: _____

I. Book of Remembrance

Renewal Listing: Access/download last year's Book of Remembrance at tikvatisrael.org/yizkor2015

Put a checkmark here if you wish to repeat your listing as is. Note below any additions/changes.

New listing: Please list the name(s) of your departed ones as you wish them to be listed:

(1) _____ (4) _____

(2) _____ (5) _____

(3) _____ (6) _____

Please write the way you want *your* name(s) listed in the *Book of Remembrance*:

A donation of **\$36** for one or two listings or **\$54** for three or more listings is requested.

II. Mahzor Dedication— Honor loved ones with an inscribed bookplate in our Mahzor:

Yes, I would like to dedicate _____ Mahzor(s) at **\$36** each for a total of \$_____.

NOTE: All inscriptions will be in this format. Please use additional sheets for additional inscriptions.

Presented to Tikvat Israel

By (Your Name[s]): _____

In Memory of (Honor of) _____



III. Shana Tova Greetings

A contribution of **\$18** is requested for your listing on this community card.

Please indicate the exact way you want your name or family name to appear on the Shana Tova card:

IV. Memorial Plaques – The synagogue office will contact you for details. Plaques arrive approximately 4-6 weeks after the order is placed.

_____ I am a Tikvat Israel member and would like to order a Memorial Plaque(s) for **\$450** each.

_____ I am *not* a Tikvat Israel member and would like to order a Memorial Plaque(s) for **\$725** each.

VI. Lulav & Etrog – We will contact you before Sukkot when your order is ready for pickup. The cost is \$70 per set.

Number of sets at **\$70 each** _____ (Total = \$ _____)

Total for Sections I-VI:

Amount Enclosed \$ _____

or

Amount to Bill (Members Only) \$ _____