

**TIKVAT ISRAEL CONGREGATION**  
**HIGH HOLIDAY GUEST RESERVATIONS 5771 – 2010**  
**Book of Remembrance – Memorial Plaques – Lulav & Etrog**

Last Name(s): \_\_\_\_\_

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

Please return this form to the Synagogue Office by August 18, 2010. If you have any concerns about your financial obligations, please contact Marian Kaiser, Financial Secretary, at 301-598-0529. All members in good standing (20% of dues paid by 8/15) will have tickets mailed to them (on or around August 22, 2010).

Name of Guests	ROSH HASHANAH		KOL NIDRE	YOM KIPPUR
	1 <sup>st</sup> Day 9/9/10	2 <sup>nd</sup> Day 9/10/10	9/17/10	9/18/10

<p style="text-align: center;"><b>BOOK OF REMEMBRANCE</b></p> <p>Please list the name(s) of my/our dear departed ones as follows:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Please write the way you want your name(s) listed in the BOOK OF REMEMBRANCE.</p> <p>_____</p> <p>_____</p> <p>A donation of \$36 for one or two listings or \$54 for three or more listings is requested.</p>	Number of Tickets and Fees	Number Requested	Fee	Sub-Total	
	Guests of Members				
	Children over 23		\$225		
	Other Relatives		\$225		
	Out-of-Town Guests		\$225		
	Nonmembers		\$300		
	Military Personnel		N/C		
	*Cubby Rental in Chapel 1 <sup>st</sup> Year		\$100		
	Rental Renewal		\$36		
	Memorial Plaques (member)		\$425		
	Memorial Plaques (nonmember)		\$700		
	Book of Remembrance		\$36/\$54		
	Lulav and Etrog	Premium		\$75	
		Adult		\$60	
		Student		\$45	
<b>TOTALS</b>					
Amount Enclosed					
or Amount to Bill					