

## HIGH HOLY DAY TICKET REQUEST FORM- 2016/5777

1. Please check/correct contact information above. Changes can be made above.
2. Request your member/guest tickets below.
3. See reverse side for Special Needs Requests and Babysitting.
4. Return to Temple Office. Tickets will be mailed 2 weeks before Holy Days.

THANK YOU FOR YOUR COOPERATION & BEST WISHES FOR A HAPPY AND HEALTHY NEW YEAR

### **FOR MEMBERS**

As a benefit of your membership, High Holy Days tickets are available to all Temple members and their children under 26 years of age (and spouses) *in good standing at no cost*. Substantial payment or an active payment plan for the 2016/2017 membership is required for tickets. *Note: Children under 26 years do not receive a physical ticket.*

### **FOR GUESTS**

We welcome your adult children, grandchildren and out-of-town relatives and guests to purchase tickets and join us for the holidays. Please note, guest tickets are available for relatives and guests living 50 miles outside of the Great Neck area.

Ticket Type	Attendee(s)	No. of Tickets	Ticket Price	Subtotal
Adult Member	Name(s)		\$0 <i>Benefit of Membership</i>	
Grandchild Under 26	Name(s)		\$36	
Adult Child/ Grandchild 26 and Over	Name(s)		\$50	
Out of Town Guest- 1 Holiday	Name(s)		\$180	
Out of Town Guest- Both Holidays	Name(s)		\$225	
Totals:			\$	

### **PAYMENT**

Check Enclosed      Please Charge My:       AMEX       Visa       MC

Card Number: \_\_\_\_\_ Exp. Date \_\_\_\_\_

Signature \_\_\_\_\_

Tickets are non-refundable and non-transferable.

### **SPECIAL NEEDS REQUESTS & BABYSITTING**

See Reverse Side



## SPECIAL NEEDS REQUESTS

So that we may do our best to serve you, please send in your requests as soon as possible. All requests to be reserved on a first come, first served basis, according to the date your request is received.

### SPECIAL SEATING

I/We will need SPECIAL SEATING for \_\_\_\_\_ people (max 3) **PLEASE ARRIVE EARLY TO BE SEATED**

Days Required  Erev Rosh Hashanah  Rosh Hashanah Day  Erev Yom Kippur  Yom Kippur Day

Type of seating requested:  aisle  near exit  walker  wheelchair  Other \_\_\_\_\_

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

**PLEASE NOTE:** *all unoccupied seats will be released 20 minutes prior to start of service.*

### HEARING DEVICE

I/We will need a HEARING ENHANCEMENT DEVICE.

Days Required  Erev Rosh Hashanah  Rosh Hashanah Day  Erev Yom Kippur  Yom Kippur Day

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

### LARGE PRINT PRAYER BOOK

I/We will need a LARGE PRINT PRAYER BOOK.

Days Required  Erev Rosh Hashanah  Rosh Hashanah Day  Erev Yom Kippur  Yom Kippur Day

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

### BABYSITTING

I/We will need BABYSITTING (available for ages 18 months to 5 years only). Space is limited. In order to ensure a place for your child(ren), you **MUST** register by September 16. If you are not registered, we cannot guarantee that a space will be available. If your plans change, and you no longer need babysitting, please let us know. A parent/guardian must be onsite at all times while a child is in babysitting.

<u>Child's Name</u>	<u>Age</u>	<u>Days Required</u>
_____	_____	<input type="checkbox"/> ROSH HASHANAH DAY <input type="checkbox"/> YOM KIPPUR DAY
_____	_____	<input type="checkbox"/> ROSH HASHANAH DAY <input type="checkbox"/> YOM KIPPUR DAY
_____	_____	<input type="checkbox"/> ROSH HASHANAH DAY <input type="checkbox"/> YOM KIPPUR DAY

Parent's Name \_\_\_\_\_

Contact Person: \_\_\_\_\_ \*Cell Phone: \_\_\_\_\_

\*Required for emergencies

Special Needs: \_\_\_\_\_

PLEASE CONTACT DEBBIE ELKASHASH IN THE TBE OFFICE.



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