

Congregation Beth Shalom
High Holidays Ticket Request Form
2018 / 5779

Name of Member(s) _____

Out of Town Family and Youth _____ X \$100 = \$ _____
Total amount enclosed

Non-family Guests _____ X \$180 = \$ _____
Total amount enclosed

Names and ages of all children attending (18 years and under)

Name	Age	Babysitting needed?	Will attend High Holiday Children's & Youth Programs (HHCYP)

Out of town family and guestsTotal amount enclosed \$ _____
Non-family guestsTotal amount enclosed \$ _____
Babysitting (\$5 per child, per day)Total amount enclosed \$ _____
HHCYP Donation\$ _____
Lulav and Etrog Orders @ \$42 each\$ _____
TOTAL.....\$ _____

Paid w/check # _____ Date _____

OR

Credit Card Authorization

Credit Card Number _____ Security code _____

Name on card _____ Expiration Date _____ Billing Zip Code _____

Please complete this form and return it to the CBS office no later than Sunday, August 26, 2018
Congregation Beth Shalom • 1325 S. Belcher Road • Clearwater, FL 33764 • (727) 531-1418

