

TBS HIGH HOLY DAYS 2021/5782 REGISTRATION
PLS. RETURN REGISTRATION TO THE OFFICE **DUE DATE: AUGUST 20**

Temple Beth Shalom 3635 Elm Avenue Long Beach CA 90807
562/426-6413 fax: 562/426-7824 email: office@tbslb.org

NAME(S): _____

PH: _____

ADDRESS: _____

EMAIL: _____

Street

Apt.

City

State/Zip

Please mark the program/item box(s) you're registering for and complete the information below:

<input type="checkbox"/> CHILDCARE	<input type="checkbox"/> SHOFAR BLOWER	<input type="checkbox"/> VOLUNTEER GREETER / USHER
<input type="checkbox"/> HONORS & PARTICIPATION	<input type="checkbox"/> NEW BABIES BLESSING	<input type="checkbox"/> TICKETS ORDER FORM

☆ **CHILDCARE**

(Circle appropriate days)

1. NAME: _____

AGE: _____

RH Day 1 RH Day 2 KN YK

2. NAME: _____

AGE: _____

RH Day 1 RH Day 2 KN YK

3. NAME: _____

AGE: _____

RH Day 1 RH Day 2 KN YK

☆ **SHOFAR BLOWER VOLUNTEERS**

NAME(S): _____ *Date to be Available: 1st Day RH, 9/7 (9am-1:30pm)*

☐ I need some help improving my blasting skills.

☆ **NEW YEAR'S BLESSING OF THE NEW BABIES**

(Need to arrive around 10:00am – 1st Day of Rosh Hashanah)

We invite parents and grandparents of new babies born during the past year to share your joy with the entire congregation. We invite you to come up for a collective aliyah on the first day of Rosh Hashanah. Our Rabbi and Cantor will chant a special Mi She Berach blessing in your honor to celebrate your simchah with the congregation. Please sign up below.

Baby's English Name _____ Hebrew Name _____ Date of Birth _____

Parents' English and Hebrew Names _____

Grandparents' Names _____

☆ **VOLUNTEER GREETER / USHER**

I would like to help fulfill the mitzvah of 'hachnasat orchim' (hospitality) greet worshippers; help distribute machzors, and assist members during services.

Please mark the dates you would like to serve.

☐ Erev RH

☐ 1st Day RH
PM

☐ 2nd Day RH

☐ Kol Nidre

☐ Yom Kippur AM

☐ Yom Kippur PM

☐ 1st Day RH

☆ HONORS AND PARTICIPATION

We welcome members to request an honor at High Holy Day services. Email or letter will confirm your honor. As is Jewish custom a voluntary donation to the Temple is appreciated for receiving an honor. Donations for Holiday and Sabbath honors help the Temple to offer services and programs during this time and throughout the year.

NAME: _____

Honor requested. List choices (Aliyah to the Torah, Ark Opening/Closing, English reading, Holding Sefer Torah, etc.)

_____ Preferred Service (ie 1st Day RH)_____

_____ Preferred Service (ie 1st Day RH)_____

_____ Preferred Service (ie 1st Day RH)_____

☐ Please accept my voluntary donation to the synagogue for this honor.

TOTAL	BOX 1 →	\$
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☆ HIGH HOLY DAYS TICKET ORDER FORM

**TICKETS ARE FREE for ACTIVE MILITARY
and STUDENTS (with ID provided).**

If your request for reserved seats is not received by **August 20 we cannot guarantee reserved seats.
There will be no exceptions!*

☐ Reserved

QTY	DESCRIPTION	PRICE	TOTAL
	Family tickets	\$60.00	
	Guest tickets (Office will need contact information for guests before tickets can be issued. Please contact the office at 562.426.6413.)	\$180.00	
**You Can Make Your High Holy Days Pledge Today! ** →			
TOTAL			BOX 2 → \$

GRAND TOTAL: (please add together BOX 1 & 2)	\$
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Name(s):	<input type="checkbox"/> Check payable to Temple Beth Shalom enclosed	
	<input type="checkbox"/> M/C, VISA or Discover#: _____ exp____/____ 2.5% Donation for Processing Fee can be added, Thank You!	
Address:	City, State, Zip:	Phone:
Email:		