

## JEWISH COMMUNITY CENTER OF LONG BEACH ISLAND 5777/2016 HIGH HOLIDAY RESERVATION FORM

Name					
Address to which tickets sho	uld be mailed:				
Street					
City		State		Zip	
Phone					
Hebrew Name		Hebrew N	lame		<del></del>
Please check when you will a	ttend services:	Rosh Hashanah	Day 1	_Day 2Yom Kippu	r
Would you like an aliyah?		honor?		_(One Per Family Pleas	e)
Are you a Kohayn	Levi	i	Yisrael	(please circle)	
Number of Seats Requested (	Sanctuary)	(Social	Hall)	<u></u>	
Name and relationship of imi Name			Re	lationship	
	MEMBER	Fees	λ	JON-MEMBER	
Sanctuary Reserved Seating: Social Hall Seating:			N	ot Available 150 per seat	
Please Note: You must have p made in advance. Please do n			e for seats a	at the membership fee. A	ll payments must be
Children's Program (1 <sup>st</sup> Day o Children's Program (2 <sup>nd</sup> Day Children's Program (Yom Ki Family Service: (1 <sup>st</sup> Day of R	of Rosh Hashon ppur): Number	a): Number of Co	hildren Ages	Ages	

## **High Holiday Schedule of Services**

Selihot: Saturday evening, Sept. 24 @ 7:30pm

Rosh Hashana: Sunday Evening, October 2 @ 7:30pm, Monday, October 3 @ 9:00am and 7:30pm Tuesday, October 4 @ 9:00am

Yom Kippur: Tuesday Evening, October 11 @ 6:00, and Wednesday, October 12 @ 9:00am

## Jewish Community Center of Long Beach Island 5777/2016 Roll of Remembrance

As in the past, we are compiling a Yizkor Book of Remembrance, which is distributed at our Yom Kippur Memorial Service and at all 5777 Yizkor services. It will include the names of the departed who will be remembered and honored by their loved ones. The age-old custom of "tzedukah" is a beautiful tribute for remembering loved ones who have passed away.

NAME			<u> </u>			
ADDRESS						
	PHONE					
NAMES TO BE INCLU	JDED IN THE ROLL OF REMEM	IBRANCE ARE:				
	R'S LIST (ENCLOSED) R'S LIST (ENCLOSED) WITH CO W	RRECTIONS				
YOUR NAME	RELATIONSHIP TO YOU	NAME TO BE REMEMBERED				
<u></u>						
			<del> </del>			
PLEASE USE THE OT	HER SIDE FOR ADDITIONAL N	AMES				
TOTAL NUMBER OF	NAMES @ 9.00 (1/2	CHAI) EACH - TOTAL ENCLOSED \$	·			
		FOR YOM KIPPUR AND WISH TO HAVE PROVIDE THE ADDRESS BELOW:	YOUR COPY OF THE			

Please return to: Carole Nunberg, Kings Grant, 2 Golf Club Way, Marlton, NJ 08053

ALL NAMES MUST BE RECEIVED BY SEPTEMBER 12, 2016