



CONGREGATION SHA'ARE SHALOM

Affiliate of the United Synagogue of Conservative Judaism

Rabbi David Greenspoon

P.O. Box 4518

Leesburg, VA 20177

www.shaareshalomleesburg.org

Phone: (703) 737-6500

High Holy Days Registration Form 5780/2019

Please write the name(s), address and phone number of those who need tickets. Use back if necessary.

Name(s) _____

Address _____

Phone Number _____ **Email** _____

How many Congregation Sha'are Shalom members will attend? Adult Members _____

(there is no charge for current CSS members)

How many nonmembers will attend? Non-member Adults at \$250/person _____

or \$500/family*

*For High Holy Day tickets, note that "Family" includes children 26 years old or younger. Children over 27 are considered adults

Ticket subtotal \$ _____

BREAK THE FAST

Will you break the fast with us after Yom Kippur? Yes No Number attending: _____

Break the Fast subtotal \$ _____

(\$18/adult; \$9/child age 4-12; under 3 free)

CHILD CARE SERVICES: Please complete separate child care form and submit with payment

Childcare subtotal \$ _____

PARTICIPATION IN SERVICES (main sanctuary)

I would like to participate in the High Holy Days Services. (You will be contacted.)

- ☐ I will read from *Torah* or *machzor*.
- ☐ I will read a *haftarah* portion.
- ☐ I will blow the *shofar*

- ☐ I would like an *aliyah*
- ☐ I would like an English reading
- ☐ I would like a Hebrew reading

ORDERING A LULAV & ETROG

I would like to purchase a Lulav & Etrog: Cost is \$39.00

Lulav/Etrog subtotal \$ _____

BOOK OF REMEMBRANCE for Yom Kippur/Yizkor

Name or Names _____
 (Please Print All Names) _____

Remembered by _____
 (Please Print All Names)

Please send donation accordingly; \$10 per name (no charge for names in excess of \$90.00).

Contributions Subtotal \$ _____

MACHZOR

I/We would like to dedicate _____ copies of the Mahzor Lev Shalem in memory or in honor of a loved one: (\$36/book). Please use the back of the page for additional dedications.

Book 1: Dedicated by: _____ ☐ In honor of ☐ In memory of

Book 2: Dedicated by: _____ ☐ In honor of ☐ In memory of

Machzor Subtotal \$ _____

HHD VOLUNTEER OPPORTUNITIES (your post b'nai mitzvah teenager is welcome to volunteer to be an usher or front table greeter).

I am interested in helping during the High Holy Days. You will be contacted by the HHD Committee.

- | | |
|--|---|
| <input type="checkbox"/> Men's Club Parking Lot | <input type="checkbox"/> Switching Prayerbooks <input type="checkbox"/> Sept 24 6:30pm |
| <input type="checkbox"/> Break the Fast prep | <input type="checkbox"/> Switching Prayerbooks <input type="checkbox"/> Oct 10 10am |
| <input type="checkbox"/> Break the Fast <input type="checkbox"/> set up <input type="checkbox"/> clean up | <input type="checkbox"/> Switching Prayerbooks <input type="checkbox"/> Oct 11 10am |
| <input type="checkbox"/> Front Table Greeter <input type="checkbox"/> RH Day 1 <input type="checkbox"/> RH Day 2 | <input type="checkbox"/> Polishing the Silver <input type="checkbox"/> Sept 24 <input type="checkbox"/> Sept 25 |
| <input type="checkbox"/> Front Table Greeter <input type="checkbox"/> Kol Nidre <input type="checkbox"/> YK | <input type="checkbox"/> Sponsor Flowers for Bimah & Sukkah \$36.00 |
| <input type="checkbox"/> Cut Up Apples | <input type="checkbox"/> Ushers |

Bimah or Sukkah Flowers Subtotal \$ _____

Volunteer Name: _____

Volunteer Phone & Email: _____

Total Amount Enclosed \$ _____

Form and check for High Holy Day tickets, Break the Fast, Childcare, Book of Remembrance, Lulav & Etrog order and Machzors, must be received by **Friday, September 13, 2019**

Mail to CSS, P.O. Box 4518, Leesburg, VA 20177

For more information call 703-737-6500 or check the website at www.shaareshalomleesburg.org.

We are located at 19357 Evergreen Mills Road, Leesburg, VA 20175