

GUEST AND/OR FAMILY SERVICE TICKET REQUEST FORM

Please return by August 15, 2018

Guest Tickets*
Sanctuary Service
(relatives only)

**Infants through Third Grade
Family Service***

**Fourth and Fifth Grades
Family Service***

TICKETS ARE NON-TRANSFERABLE

Member Name(s): _____

Address: _____

Telephone Number: _____ E-Mail: _____

CHILD(REN) – FAMILY SERVICES

Family service tickets also entitle you to attend the Sanctuary service

NAME: _____ AGE: _____ GRADE (Sept. 2018): _____

NAME: _____ AGE: _____ GRADE (Sept. 2018): _____

NAME: _____ AGE: _____ GRADE (Sept. 2018): _____

NAME: _____ AGE: _____ GRADE (Sept. 2018): _____

GUEST TICKETS* (30 years and older): *Minimum Donation - \$136 Per Ticket for All Services*
CHECK or CREDIT CARD INFORMATION MUST BE ENCLOSED WITH ORDER

RELATIVE'S NAME: _____ RELATIONSHIP: _____

RELATIVE'S NAME: _____ RELATIONSHIP: _____

RELATIVE'S NAME: _____ RELATIONSHIP: _____

RELATIVE'S NAME: _____ RELATIONSHIP: _____

**Should your relative be a member in good standing of a synagogue, please contact the office for details regarding complimentary tickets.*

CARDHOLDER'S NAME: _____

ACCOUNT NUMBER.: _____ - _____ - _____ / _____ EXP. DATE: ____/____
(Visa & MasterCard Only)

AMOUNT: \$ _____

** Please see reverse for details*