Congregation Beth Israel
18 Shalom Way
Scotch Plains, NJ 07076
889-1830 Fax: 908-889-5523

For Office Use Only
CBI / JCC
KN Early/Late
Kids Kol Nidre
Jr. Cong
Apples & Honey

2010/5771 High Holiday Ticket Order Form

Last Name: _____ Phone: _____ Email Address:_____

Address: _____ City_____ State _____ Zip _____

	I would like to usher during the holidays. Please contact me.		High Holiday Morning Services Sept. 9, Sept. 10, Sept. 18		Kol Nidre Friday, Sept. 17 (Select one)	
	CBI	**JCC**	**8:30 AM at CBI**	**9:30 AM at JCC**	**6:00 PM at CBI**	**8:30 PM at CBI**
MEMBERS: Adults - Names	Select One		Select One		Select One	

MEMBERS: Children under age 26	Date of Birth	Select One		Select One	

GUEST TICKETS: For Immediate Family Only ***(****Immediate family includes parents, children, siblings, grandparents and grandchildren over 6****)****.*

***Please note: if affiliated with another synagogue, a letter of reciprocity is required. Guest tickets will not be issued at the affiliated rate until a letter of reciprocity is received in the CBI office.**

Adults age 19 and over: - *Affiliated with another synagogue = $36 - Not affiliated = $150	List for each guest: Name *Affiliated: Yes/No Relationship
Children age 18 and under: - *Affiliated with another synagogue = $18 - Not affiliated = $50	List for each child: Name Age *Affiliated: Yes/No Relationship
Adult children of a CBI member age 26 and over: - *Affiliated with another synagogue = $36 - Not affiliated = $150	List for each adult child: Name Age *Affiliated: Yes/No Relationship
Married children of a CBI member regardless of age: - *Affiliated with another synagogue = $36 - Not affiliated = $150	List for each married child: Name *Affiliated: Yes/No Relationship

Please include payment for guest tickets with this form.

Members must have paid at least the first 1/3 of their dues and Religious School tuition in order to receive their tickets.

I understand and accept that requesting High Holiday tickets is a commitment to pay the entire year's membership and other fees.

_____ _____

Signature (required to receive tickets) *Date*