

**TEMPLE SINAI**  
**HIGH HOLY DAYS 2017 / 5778**  
**MEMBER SEATING REQUEST**  
**FAMILY AND CHILDREN'S SERVICE**

LAST NAME (s) \_\_\_\_\_ FATHER \_\_\_\_\_ MOTHER \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE NUMBER(s): (     ) \_\_\_\_\_ ALTERNATE PHONE: (     ) \_\_\_\_\_

We will be attending Family/Children's Services ONLY. Yes \_\_\_ No \_\_\_

This is a special service for the entire family, including children who **live at home** and **grandparents**.  
Please list those attending:

<u>Children's Names</u>	<u>Age</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

An adult must accompany all children. These tickets will be issued without charge. All others are invited to attend at a special price of \$20.00 per ticket.

<u>Grandparents &amp; Other Adults Names</u>	<u>Service Attending</u>
_____	_____
_____	_____
_____	_____
_____	_____

Number of adult seats at \$20.00 \_\_\_\_\_ Total \$ \_\_\_\_\_

Payment **must** accompany this form.

**Please be reminded that only those members in good standing will be eligible for tickets.**

**PLEASE RETURN THIS COMPLETED FORM TO THE TEMPLE BY JULY 14, 2017.**