

**TEMPLE SINAI OF PALM BEACH COUNTY**  
**HIGH HOLY DAYS 2019 / 5780**  
**NON-MEMBER SEATING RESERVATION**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Spouse/Significant Other: Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Home Phone Number (     ) \_\_\_\_\_ \*Alternate Phone Number (     ) \_\_\_\_\_

Florida Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_

IF you have **Special Needs**, please give specific details to enable us to provide you with an appropriate seat for the holiday services. Please write "**Special Needs**" on the outside of your return envelope \_\_\_\_\_

Please check the Reserved Seating services you **WILL BE** attending.

**Erev Rosh Hashanah** \_\_\_\_\_ (service begins at 8:00pm)

**Rosh Hashanah** \_\_\_\_\_ (service begins at 10:00am)

**Kol Nidre** \_\_\_\_\_ (service begins at 7:30pm)

**Yom Kippur** \_\_\_\_\_ (service begins at 10:00am)

**If you would like to sit with another family, we will make an effort to honor your request only if the RESERVATION FORMS are returned by July 12<sup>th</sup> in the same envelope.**

Seats for non-members will be \$180.00 per person for reserved seating, or \$118.00 for open seating in the non-reserved section in the rear of the Sanctuary. Please include your check with this reservation request or use credit card info below. If additional family members will be joining you, please list their name & addresses.

Name \_\_\_\_\_ Address \_\_\_\_\_

Relationship \_\_\_\_\_ Amount \$ \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_

Relationship \_\_\_\_\_ Amount \$ \_\_\_\_\_ **TOTAL SUBMITTED \$** \_\_\_\_\_

The Committee would appreciate your cooperation in picking up your tickets on or after September 3, 2019.

**PLEASE RETURN THIS COMPLETED FORM TO THE TEMPLE BY JULY 12<sup>th</sup>.**

**CREDIT CARD INFO:**                      **Visa**                      **MC**                      **Amex**                      **Discover**

Card # \_\_\_\_\_ Exp. Date \_\_\_\_/\_\_\_\_ Sec. Code \_\_\_\_\_

Billing Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name on Card: (please print) \_\_\_\_\_ Signature \_\_\_\_\_