MAIN LINE REFORM TEMPLE BETH ELOHIM ♦ 2018/2019 HIGH HOLY DAY FORM

Name: _____ Family ID# _____

REQUEST FOR HIGH HOLY DAY TICKETS

EVERY FAMILY MEMBER WILL REQUIRE A TICKET FOR EACH SERVICE

ROSH HASHANAH	YOM KIPPUR
☐ TRADITIONAL SERVICES (MLRT)	☐ TRADITIONAL SERVICES (MLRT)
___ EARLY ___ LATE	___ EARLY ___ LATE
☐ CONTEMPORARY SERVICE (LMHS)	☐ CONTEMPORARY SERVICE (LMHS)

FAMILY MEMBERS ***LIVING IN HOUSEHOLD REQUIRING TICKETS***

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

GUEST POLICY

Tickets will be issued at **$100 each** for Parent, Sibling or Immediate Family Member residing more than 50 miles from MLRT.

Name: _____

Name: _____

GUEST TICKET(S) $100 each: **Quantity:** _____

(Transfer to LINE #6 on Payment Form)

Total: $_____

BOOK OF REMEMBRANCE INFORMATION

Return completed form no later than Friday, August 17

Entries received after the deadline are not guaranteed to be included.

REMEMBERED BY:

_____

(**PRINT** NAME(S) AS YOU WOULD LIKE IT TO APPEAR)

IN LOVING MEMORY, PLEASE PUBLISH THE FOLLOWING NAMES:

I HAVE ENCLOSED THE SUM OF $ _____

(Transfer to LINE #7 on Payment Form)

CONTACT NAME: _____

CONTACT PHONE/EMAIL: _____

410 MONTGOMERY AVENUE ♦ WYNNEWOOD ♦ PENNSYLVANIA ♦ 19096 ♦ 610-649-7800 ♦ 610-642-6338 FAX ♦ forms@MLRT.org ♦ www.MLRT.org