BETH ISRAEL CONGREGATION
High Holiday Ticket Request - 2018

TICKET REQUESTS MUST BE RECEIVED BY NOON
Friday, September 7 for Rosh Hashanah and
Monday, September 17 for Yom Kippur

Names

We are very happy that you will be joining us for the holidays.

This form is only to be used for the following Categories (Please circle all that apply for the names listed below):

Full Time Graduate Student/Medical Resident Frankel Fellow Non-Student and New to Greater Ann Arbor after 10/1/17

Please indicate the number of tickets you are requesting on the appropriate lines. For security purposes all individual names are required.

name of person in the above category*

	#RH___ no charge		#YK___ no charge	$0

name of above's spouse/partner (at the same address)

	#RH___ no charge		#YK___ no charge	$0

names and ages of above's children age 24 and under (Names required. Tickets required for those age 13-24.)

	#RH___ no charge		#YK___ no charge	$0
	#RH___ no charge		#YK___ no charge	$0

names of above's children age 25 and older (Tickets must be purchased at the member rate of $65 per person per holiday)

	#RH____ at $65	plus	#YK____ at $65	$
	#RH____ at $65	plus	#YK____ at $65	$

TOTAL TICKETS REQUESTED: _____ Rosh Hashanah _____ Yom Kippur

TOTAL AMOUNT DUE WITH FORM $_____

NOTE: If you are the student listed above you are required to mail (2000 Washtenaw Ave, Ann Arbor, MI 48104), fax (734-665-2733) or email (misrael@bethisrael-aa.org) a copy of your student ID with this form to receive tickets.

HOUSEHOLD INFORMATION (Date you moved to Greater Ann Arbor if new _____)

name(s):
address:
city, state: ***zip:***
phone: ***email:***

Will you be the guest of a Beth Israel Congregation member? _____ Yes _____ No

If so, which Beth Israel Congregation member(s)? _____