

BETH ISRAEL CONGREGATION
High Holiday Ticket Request - 2019

TICKET REQUESTS MUST BE RECEIVED BY NOON
Friday, September 27 for Rosh Hashanah and
Monday, October 7 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 check all that apply for the names listed below):

Graduate Student/Medical Resident Frankel Fellow Non-Student and New to Greater Ann Arbor after 10/1/18

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

	#RH	no charge		#YK	no charge	\$0
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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 \$72	plus	#YK	at \$72	\$
	#RH	at \$72	plus	#YK	at \$72	\$

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)? _____