



BETH SHIR SHOLOM

1827 CALIFORNIA AVENUE SANTA MONICA, CA 90403
310-453-3361 FAX: 310-453-6827

HIGH HOLY DAYS TICKET REQUEST

Please be sure to bring your tickets for all Adult Services. Tickets are not required for Children's or Yizkor Services, *but please order a Youth ticket if your 6 to 22 year old is attending Adult Services.* Child care is available by reservation for all services.

PLEASE NOTE: You will not receive High Holy Days tickets automatically -- please use this request form to order the tickets you need. Please complete and return your forms as soon as possible. Tickets will be mailed if we receive your forms by **August 23, 2010**. Tickets ordered after August 23 may be picked up at the Temple Office between 9 am and 5 pm Monday-Fridays, or at Will Call at Barnum Hall prior to Services.

TICKETS			CHARGE	TOTAL
Members	ADULT	# _____	No Charge	
	YOUTH (6-22)	# _____	No Charge	No Charge
<hr/>				
Member additional tickets for guests	ADULT	# _____	_____ @ \$150.00 ea	
	YOUTH (6-22)	# _____	_____ @ \$75.00 ea	= \$ _____
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NON-Member tickets	ADULT	# _____	_____ @ \$180.00 ea	
	YOUTH (6-22)	# _____	_____ @ \$85.00 ea	= \$ _____
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Prayer Book(s)		# _____	_____ @ \$10.00 ea	= \$ _____
VIP Parking			_____ @ \$50.00 ea	= \$ _____
TOTAL PAYMENT:				\$ _____

IMPORTANT! Please tell us how many "Jr. Youths" (K- 6th Grade) will attend the Youth Services: # _____

Please make check payable to: BETH SHIR SHOLOM

MEMBER/NON-MEMBER INFORMATION – REQUIRED

Name(s) _____

Address _____ City/Zip _____

Phone: Wk () _____ Hm () _____ E-mail _____

Please send me information about Temple Membership ____

Please apply the cost of my tickets toward Membership Dues (for New 10/11 Memberships only) ____

Please send information on Beth Shir Sholom's Religious School ____ and/or the Early Childhood Center ____

If ordering Member GUEST TICKETS, please fill in all the required information on next page.

HIGH HOLY DAYS TICKET REQUEST – GUEST TICKET INFORMATION

When ordering Member Guest Tickets, please *fill in all the required information here.*

Member's Name _____

Member Guest(s) #1 Do you wish tickets sent to them? Yes ___ No ___

Name(s) _____ Phone () _____

Address _____ City/Zip _____

Phone: Wk () _____ Cell () _____ E-mail _____

Member Guest(s) #2 Do you wish tickets sent to them? Yes ___ No ___

Name(s) _____ Phone () _____

Address _____ City/Zip _____

Phone: Wk () _____ Cell () _____ E-mail _____

Member Guest(s) #3 Do you wish tickets sent to them? Yes ___ No ___

Name(s) _____ Phone () _____

Address _____ City/Zip _____

Phone: Wk () _____ Cell () _____ E-mail _____

Member Guest(s) #4 Do you wish tickets sent to them? Yes ___ No ___

Name(s) _____ Phone () _____

Address _____ City/Zip _____

Phone: Wk () _____ Cell () _____ E-mail _____

Member Guest(s) #5 Do you wish tickets sent to them? Yes ___ No ___

Name(s) _____ Phone () _____

Address _____ City/Zip _____

Phone: Wk () _____ Cell () _____ E-mail _____

Thank you for providing us with this important information.