

BEIT RAYIM SYNAGOGUE & SCHOOL
High Holy Day Ticket Order Form- 2010- 5771

Date: _____

Ticket Purchasers name: _____

Name for tax receipt if different from above: _____

Address: _____

City: _____ Postal Code: _____

Email _____ Tel. # _____

Are you a member of a synagogue? No Yes _____
Name of synagogue

of Adult Tickets: _____ @ \$180.00 each Total: _____

Name: _____

Name: _____

of Student Tickets (18-21): _____ @ \$72.00 each Total: _____

Name: _____ Age: _____

Name: _____ Age: _____

of Children Tickets (under 18): _____ @ \$54.00 each Total: _____

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Please note. Your High Holy Day tickets are valid for both Rosh Hashanah and Yom Kippur

TOTAL: _____

Office Use Only

FORM OF PAYMENT: Cheque VISA MasterCard Cash

CREDIT CARD NUMBER: _____

_____/_____
Expiry

Mail Tickets/Date: _____ Pick Up Ticket: _____
Signature/Date

Invoice #: _____

Notes: _____

If this is a reciprocal or out of town family member ticket:

Name of Beit Rayim Member: _____

Relationship to Beit Rayim Member: _____

Name of USCJ affiliated synagogue _____