

TCH YOMIM NORAIM SEATING REQUEST FORM 2018/5779

Name: _____

Address: _____

Email: _____

Please indicate which days seats needed

Rosh Hashanna Yom Kippur

(Please list the names of the people for whom you are requesting seats)

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____

Main Shul

Adult male seats @.....(age 18 and up).....	\$125 x	___ =	_____
Boys' seats @.....	\$75 x	___ =	_____
Front row women's section @.....	\$150 x	___ =	_____
Second row women's section @.....	\$125 x	___ =	_____
Adult female @.....(age 18 and up).....	\$125 x	___ =	_____
Girls' seats @.....	\$75 x	___ =	_____
Nonmember seats - Male @.....	\$175 x	___ =	_____
Nonmember seats - Female @.....	\$175 x	___ =	_____
Sub Total			_____ a

Check this box if you are Full Family Members who are purchasing an adult male seat
(Full Family Memebers purchasing an adult male seat receive a \$125 discount)

Total: _____ = _____ a

Comments, special requests or questions.