



Name \_\_\_\_\_

## 2009/5770 High Holidays Nonmember Ticket Request Form

**Ticket prices for High Holiday services:**

- \$150 **per person** for one service or \$250 **per person** for two or more services

**For students (with identification) and low-income seniors:**

- \$35 **per person** for one service or \$50 **per person** for two or more services

**Ticket prices for Family services:**

- \$25 **per family** for one family service or \$40 **per family** for all family services

Please return this form by Monday, September 7, 2009. Tickets for all orders received after that date will be in "Will Call" on the date of the service. Orders by phone are payable by credit card only. All seating is open. If you wish to establish membership, please contact Beth Jones at [BJones@bethsholomsf.org](mailto:BJones@bethsholomsf.org), or 415.221.8736, ext. 105. Thank you!

<b>SERVICES: One ticket needed per person per service.</b>	<b>Number of Tickets</b>
<b>Erev Rosh Hashanah, Friday, September 18</b> Sanctuary, 6:30 p.m.	No Ticket Required
<b>First Day Rosh Hashanah, Saturday, September 19</b> Koret Hall, 8 a.m.	_____
<b>Second Day Rosh Hashanah, Sunday, September 20</b> Sanctuary, 8 a.m.	No Ticket Required
<b>Kol Nidre, Sunday, September 27</b> Koret Hall, 6:45 p.m.	_____
<b>Yom Kippur, Monday, September 28</b> Koret Hall, 8 a.m. (Yizkor will be approximately at 11:20 a.m.) Mincha and Ne'ila, Sanctuary, 5 p.m.	No Ticket Required
<b>FAMILY SERVICES: One ticket needed per family per service.</b>	
<b>Second Day Rosh Hashanah, Sunday, September 20</b> Family service (ages 5–13), Koret Hall, 11 a.m. Family service (ages 4 and under), Koret Hall, 12:15 p.m.	_____ _____
<b>Yom Kippur, Monday, September 28</b> Family service (preschool-age children), Sanctuary, 2 p.m.	_____

Please print the full name of all persons attending services: \_\_\_\_\_

Contact person: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Total amount enclosed is \$\_\_\_\_\_. Please make check payable to "Congregation Beth Sholom".

Please charge my credit card \$\_\_\_\_\_.  Visa  MasterCard

Name (as it appears on card): \_\_\_\_\_

Account Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Signature \_\_\_\_\_ E-mail: \_\_\_\_\_

Where did you hear about Congregation Beth Sholom? \_\_\_\_\_

Have you attended services or other programs at Beth Sholom? \_\_\_\_\_

Would you like information about Beth Sholom membership? \_\_\_\_\_

**Please return this form by Tuesday, September 8, 2009**

Congregation Beth Sholom, Attn: Tickets, 301 14th Avenue, San Francisco, CA 94118

Phone: 415.221.8736, ext. 111; Fax: 415.221.3944; [Tickets@bethsholomsf.org](mailto:Tickets@bethsholomsf.org)