



Silver Spring Jewish Center

בית הכנסת "אהבת ישראל"



2016 / 5777 HIGH HOLIDAY SEAT RESERVATION FORM

SCHEDULE			
Erev Rosh Hashana	Sun	10/2/16	Kol Nidre Tue 10/11/16
Rosh Hashana 1 st Day	Mon	10/3/16	Yom Kippur Wed 10/12/16
Rosh Hashana 2 nd Day	Tue	10/4/16	

HIGH HOLIDAY SEATS (if only one holiday- 25% discount)	
Adult Member	\$150
Child Member (under 17)	\$75
Adult Non-member	\$225
Child Non-member (under 17)	\$100

Name: _____

Address _____

Tel: _____ Email _____

RESERVATIONS

Payments are due before the holidays unless financial arrangements have been made.

I am a Member Non-Member Please reserve the following:

No. of Men _____	No. of Boys _____	No. of Women _____	No. of Girls _____
_____ <input type="checkbox"/> RH <input type="checkbox"/> YK	_____ <input type="checkbox"/> RH <input type="checkbox"/> YK	_____ <input type="checkbox"/> RH <input type="checkbox"/> YK	_____ <input type="checkbox"/> RH <input type="checkbox"/> YK
_____ <input type="checkbox"/> RH <input type="checkbox"/> YK	_____ <input type="checkbox"/> RH <input type="checkbox"/> YK	_____ <input type="checkbox"/> RH <input type="checkbox"/> YK	_____ <input type="checkbox"/> RH <input type="checkbox"/> YK
_____ <input type="checkbox"/> RH <input type="checkbox"/> YK	_____ <input type="checkbox"/> RH <input type="checkbox"/> YK	_____ <input type="checkbox"/> RH <input type="checkbox"/> YK	_____ <input type="checkbox"/> RH <input type="checkbox"/> YK
_____ <input type="checkbox"/> RH <input type="checkbox"/> YK	_____ <input type="checkbox"/> RH <input type="checkbox"/> YK	_____ <input type="checkbox"/> RH <input type="checkbox"/> YK	_____ <input type="checkbox"/> RH <input type="checkbox"/> YK
Total: \$ _____	Total: \$ _____	Total: \$ _____	Total: \$ _____

TOTAL ENCLOSED FOR SEATS: _____

Please reserve the same seats as last year Yes No

No one will be turned away because of financial difficulties. To discuss convenient payment methods or discounts due to financial hardship, please contact Rabbi Kranz at 301-649-2060. All cases will be handled with strict confidentiality.

MEMBERSHIP RENEWAL & RATES

Continue my current membership Sign me up as a new member (Please contact the office for membership forms)

Family \$575 Senior Family \$475 Single or Associate \$275 Locker \$30

DUES TOTAL

\$ _____

Total Amount Enclosed \$ _____

PAY BY CREDIT CARD - Circle one: Visa or MasterCard. Please Charge my credit card:

Amount: _____ Exp. Date: _____ Card No. _____

3 Digit Security Code: _____ Signature: _____