

## High Holy Day Reservation Form

Name (s) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

Type of Seating	Seat		Number of Seats		Total
Member Seats	N/C	X		=	N/C
College students and Military	N/C	X		=	N/C
Charter Member Seats	\$75	X		=	
Non-Member Seats	\$150	X		=	
Associate Member Seats	\$150	X		=	
TOTAL DUE FOR HIGH HOLY DAY SEATING					\$

If you are paying the recommended donation for seats, please make your reservations by mailing your check in the amount above. For those who wish to become members, your payment may be credited toward your membership at Congregation Shaarey Tefilla.