

Temple Beth Sholom Guest Ticket Form 2018/5779

Name of Member _____ Telephone _____

Name of Family Guest/Relationship to Member _____

Permanent Address of Guest _____

Name of Family Guest/Relationship to Member _____

Permanent Address of Guest _____

Name of Family Guest/Relationship to Member _____

Permanent Address of Guest _____

Name of Family Guest/Relationship to Member _____

Permanent Address of Guest _____

Members' Children and Their Spouses/ Members' Parents: \$275 FOR ALL SERVICES / \$75 per day for three days and \$50 for the fourth day

All Other Relatives: \$550 FOR ALL SERVICES / \$150 per day for three days and \$100 for the fourth day

NO REFUNDS AFTER THE HOLIDAY

Guest	Rosh Hashanah		Rosh Hashanah		Kol Nidre		Yom Kippur		All 4 services		Total
	Children	Other	Children	Other	Children	Other	Children	Other	Children	Other	
											\$
TOTAL											
									TOTAL		\$

PAID _____ CHECK# _____ CASH _____ DATE _____ Mailed

DATE _____ Given