

# CONGREGATION ETZ CHAIM ~ HIGH HOLY DAYS 5771

## Tickets & Reservations for Services, Selichot, Rosh Hashanah luncheon, & Break the Fast

### A. Member's Family / Out of Town Guest Tickets (please be sure to write names on back of form):

\_\_\_\_ Number of Tickets @ \$50 Sub Total \$ \_\_\_\_\_

### B. Non-Member Tickets (please be sure to write names and selections on back of form):

\_\_\_\_ Number all services @ \$100 \_\_\_\_ Number single services @ \$50 Sub Total \$ \_\_\_\_\_

### C. Yizkor Book of Remembrance (please be sure to write names on the back, form due September 13<sup>th</sup>):

\_\_\_\_ \$18 1<sup>st</sup> name \_\_\_\_ \$18 2<sup>nd</sup> name \_\_\_\_ Names @ \$10 each \$ \_\_\_\_\_ Sub Total \$ \_\_\_\_\_

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### I wish to make my High Holiday Appeal donation at this time:

\_\_ \$100 \_\_ \$180 \_\_ \$360 \_\_ \$500 \_\_ \$1000 \_\_ \$1000 \_\_ \$1800 \_\_ \$5000 \_\_ Other \$ \_\_\_\_\_

Sub Total \$ \_\_\_\_\_

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### I plan on attending the following High Holidays functions. My guests are listed on the back of this form:

**Selichot: Saturday, Sept. 4, 7:30pm. For reservations please contact Gloria at 954-578-9454 or djf007@gmail.com**

\_\_\_\_ Bring a dairy dish for 8-12 OR \_\_\_\_ \$18 per person Sub Total \$ \_\_\_\_\_

**Rosh Hashanah Luncheon: Thursday, Sept. 9, 1:30pm. Reserve by Sept. 1. RSVP to mklitub@aol.com**

\_\_\_\_ Number of Reservations @ \$30 each Sub Total \$ \_\_\_\_\_

**Break-the-Fast: Saturday, Sept. 18, 7:30pm. Reserve by Sept. 13 to Gloria at 954-578-9454 or djf007@gmail.com**

\_\_\_\_ Number of Reservations @ \$30 each Sub Total \$ \_\_\_\_\_

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### Method of Payment

\_\_ Check or Money Order  Visa \_\_\_\_  MasterCard Amount Charged/Paid \$ \_\_\_\_\_  
(Make payable to: Congregation Etz Chaim)

Credit Card Nbr: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Three Digit Security Code: \_\_\_\_\_  
(From back of card)

Name as it appears on card/check: \_\_\_\_\_ Phone: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ / \_\_\_\_\_  
Month Year SIGNATURE (Required for Credit Card Payment)

Billing Address: \_\_\_\_\_

Return completed form to: Congregation Etz Chaim, 1881 NE 26th Street, Suite 100, Wilton Manors, FL 33305

**Thank You and Shana Tova!**

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Tickets & Reservations: Names

A. Member's Family / Out of Town Guest Tickets

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

B. Non-Member Tickets

All Services    Single Service    \*\*Day of Single Service

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

\*\* Day of Single Service: Erev Rosh Hashanah, Rosh Hashanah, Kol Nidre, Yom Kippur

C. Yizkor Book of Remembrance : *In Memory of...*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Selichot attendees:

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Rosh Hashanah Luncheon attendees:

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Break-the-Fast attendees:

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Name: \_\_\_\_\_ Name: \_\_\_\_\_