

# High Holidays **2018** Seat Registration Form

Membership: **\$770.00** (covers 4 seats)

Individual seat: **\$79**

Please fill in **ALL** information for **EVERY** person listed, and **PRINT CLEARLY!**

**Alternatively:** you can choose your seats online at  
**Jewishtob.tix.com**

Name: \_\_\_\_\_  Male  Female  Child  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ **E-Mail:** \_\_\_\_\_  
Will be attending Services on  Rosh Hashana  Yom Kippur

Name: \_\_\_\_\_  Male  Female  Child  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ **E-Mail:** \_\_\_\_\_  
Will be attending Services on  Rosh Hashana  Yom Kippur

Name: \_\_\_\_\_  Male  Female  Child  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ **E-Mail:** \_\_\_\_\_  
Will be attending Services on  Rosh Hashana  Yom Kippur

**USE SIDE 2 OF THIS FORM FOR ADDITIONAL NAMES & ADDRESSES.**

IF YOU HAVE A SEATING PREFERENCE, PLEASE SUBMIT YOUR REGISTRATION FORM AND FULL PAYMENT BY **JULY 10<sup>TH</sup>**, BECAUSE ALL SEATS ARE ASSIGNED ON A "FIRST COME FIRST SERVED" BASIS.

**We cannot hold seats, and we do not assign seats without a registration form & full payment.**

**If you add someone to your group later on, we might need to seat them in a different row if there are no more available seats next to yours. Your understanding is appreciated.**

- 1) Same seat as last year (if available)?  Yes  No preference
- 2) Would like to sit with/near: \_\_\_\_\_
- 3) Would you consider volunteering during the High Holidays this year?  Yes  No

**We cannot accommodate any special seating needs.**

**Number of Seats: Men:** \_\_\_\_\_ **Women:** \_\_\_\_\_ **Children:** \_\_\_\_\_ \$ \_\_\_\_\_

**Including:**  **Membership Fee** \$ \_\_\_\_\_

Total Due: \$ \_\_\_\_\_

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THIS SECTION FOR T.O.B.C. OFFICE USE ONLY: AMT PAID \$ \_\_\_\_\_  ENTERED IN CMS & H.H. FILTER

CASH  CREDIT CARD  CHECK (# \_\_\_\_\_) DATE FORM RECEIVED: \_\_\_\_\_ INITIALS: \_\_\_\_\_

Seat Registration Continuation Page

PLEASE LIST ADDITIONAL PEOPLE IN YOUR GROUP BELOW

Name: \_\_\_\_\_  Male  Female  Child  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ **E-Mail:** \_\_\_\_\_  
Will be attending Services on  Rosh Hashana  Yom Kippur

Name: \_\_\_\_\_  Male  Female  Child  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ **E-Mail:** \_\_\_\_\_  
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Name: \_\_\_\_\_  Male  Female  Child  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ **E-Mail:** \_\_\_\_\_  
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