

High Holidays 2019 Seat Registration Form

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

Individual seat: **\$99**

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 10TH, 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: \$ _____

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:** _____
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

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