TOWN OF OYSTER BAY CHABAD
678 WOODBURY ROAD, WOODBURY, NY 11797
PHONE: 516-682-0404 WEBSITE: WWW.JEWISHTOB.ORG

The 2013 High Holidays are coming!

TOBC invites you to join us for our High Holidays services! Enclosed is a Registration Form and return envelope.

Our registration fee for this year's High Holidays is $99.

IMPORTANT REGISTRATION NOTE:

Our Seating Committee needs your Registration Form to be **complete** and accurate in order to assign your seat(s).

After you have registered, if you need to make any additions or changes, you MUST fill out and submit another form – so that the Seating Committee can process your changes.

Your cooperation and understanding is appreciated.

We invite you to become a TOBC member!

For your convenience, a Membership Form is included. You can complete the Membership Form and submit it together with your Seat Registration Form and appropriate payment.

Crisis Intervention - College & University Activities - Youth Programs - Adult Education Programs - Jewish Learning Institute Classes - Counseling - Concerts & Dance
Kitchen Koshering - Kaddish Programs - Holiday & Jewish Life celebrations
Lectures & Symposiums - Nursing Home/Hospital Visitation - Emergency Loans
Drug Prevention Programs - Emergency Aid

Town of Oyster Bay Chabad - Side 1 -

678 Woodbury Road, Woodbury, NY 11797

High Holidays **2013** Seat Registration Form

Membership: **$770.00** (includes 4 free seats) Friend: **$500** (includes 2 free seats)

Individual seat**: $99 ****

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

Note: Each registered "Child" gets a seat in the Sanctuary Tent & in Junior Congregation.

Schedule of services will be emailed to registrants one week prior to the holidays.

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.

Seat preferences will be honored if ALL forms & full payments are received by July 15th. Seats are then assigned on a "First Come First Served" basis.

WE CANNOT "HOLD" SEATS OR ASSIGN SEATS WITHOUT PROPER REGISTRATION & PAYMENT IN FULL.

**** As seats around you fill up, any person added to your group later on might have to be seated in a different row. Your understanding and cooperation are appreciated. ****

1) Same seat as last year? ☐ Yes ☐ No preference
2) Would like to sit with/near: ______________________________
3) Are you available to help as a High Holidays volunteer? ☐*Yes* ☐*No*

We can no longer accommodate any special seating needs.

Number of Seats: **Men**: ____ **Women**: ____ **Children**: ____ $__________

Including: ☐ **Membership Fee** ☐ **Friend Fee** $__________

Total Due: $__________

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THIS SECTION FOR T.O.B.C. OFFICE USE ONLY: ☐ ENTERED IN CMS & H.H. FILTER

AMT PAID $__________ ☐ CASH ☐ CHECK DATE 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

✡ Membership Form 2013 - $770.oo ✡

Town of Oyster Bay Chabad, 678 Woodbury Road, Woodbury, NY 11797

IF YOU WISH TO BECOME A MEMBER, PLEASE COMPLETE THIS FORM.
PLEASE PRINT CLEARLY AND RETURN THIS FORM WITH YOUR $770 MEMBERSHIP FEE.
*Please use **English Transliteration** for **all Hebrew names** on this form.*

Information about you:

Name: _____

Hebrew Name: _____

Father's Hebrew Name: _____

Mother's Hebrew Name: _____

Occupation: _____

Birth Date: _____

Jewish by: ☐ Birth ☐ Converted

Check one: ☐ Cohen ☐ Levi ☐ Israel

Information about your spouse:

Spouse's Name: _____

Spouse's Hebrew Name: _____

Father's Hebrew Name: _____

Mother's Hebrew Name: _____

Spouse's Occupation: _____

Spouse's Birth Date: _____

Jewish by: ☐ Birth ☐ Converted

Check one: ☐ Cohen ☐ Levi ☐ Israel

Personal information:

Street Address: _____

City, State, Zip Code: _____

Home Phone: _____

Work Phone: _____

Email Address 1: _____

Email Address 2: _____

Marital Status (check one): ☐ Single ☐ Married ☐ Divorced ☐ Widowed

If married, Anniversary Date: _____

(Please complete Page 2 ⇨)

Information about your children:

Child 1 Name: ______________________ Date of Birth: __________

Child 2 Name: ______________________ Date of Birth: __________

Child 3 Name: ______________________ Date of Birth: __________

Child 4 Name: ______________________ Date of Birth: __________

Child 5 Name: ______________________ Date of Birth: __________

Are any children adopted? ☐ Yes ☐ No

If yes, give details including any conversion info:

____

____

Yahrzeit Information: (Please provide the **Civil Date** of Passing. Our office will verify the Hebrew Date for you.)

English Name: __________ Relationship: __________

Hebrew Name: __________ Civil Date of Passing: __________ ☐ Day ☐ Evening

Father's Hebrew Name: __________ Hebrew Date of Passing: __________

English Name: __________ Relationship: __________

Hebrew Name: __________ Civil Date of Passing: __________ ☐ Day ☐ Evening

Father's Hebrew Name: __________ Hebrew Date of Passing: __________

English Name: __________ Relationship: __________

Hebrew Name: __________ Civil Date of Passing: __________ ☐ Day ☐ Evening

Father's Hebrew Name: __________ Hebrew Date of Passing: __________

English Name: __________ Relationship: __________

Hebrew Name: __________ Civil Date of Passing: __________ ☐ Day ☐ Evening

Father's Hebrew Name: __________ Hebrew Date of Passing: __________

English Name: __________ Relationship: __________

Hebrew Name: __________ Civil Date of Passing: __________ ☐ Day ☐ Evening

Father's Hebrew Name: __________ Hebrew Date of Passing: __________

English Name: __________ Relationship: __________

Hebrew Name: __________ Civil Date of Passing: __________ ☐ Day ☐ Evening

Father's Hebrew Name: __________ Hebrew Date of Passing: __________

*For your membership to be processed, this form must be completed and submitted with your membership payment **in full**.*
Please call our office at 516-682-0404 if you have any questions.