

Congregant Information (please print) Please mail this form before August 15, 2011

Name(s) _____
Address _____ City, State, Zip _____
Email _____ Telephone _____

High Holy Days Services 5772 (Tickets will allow you to attend any service, but please mark your preference)

- Early** - Evening Service 8:00 pm
Morning Service 7:45 am
- Late** - Evening Service 8:00 pm
Morning Service 10:30 am
- Teen** - Day Service 10:30 am
- Family** - Evening Service 6:00 pm
Day Service 1:15 pm
- Tot** - Day Service 2:45 pm
- 2nd Day Rosh Hashanah** - Service 10:00 am
- 2nd Day Nosh** (immediately following service)

(See reverse for services with babysitting)

Tickets (included with membership - No additional cost)

Member Adults _____ Member Children _____ (ages 18 to 25)
(Children under 18 - No ticket needed)

Extended Family Tickets

Extended Family _____ (\$250.00 per person) ** \$ _____
(Extended family includes children 26 years and more, parents, and other extended family members.)
**Membership for ages 26 to 32 is \$180 per year and includes High Holy Days tickets.
For information on Membership, contact Joe Miller, Executive Director, at the Temple Office.

Reciprocal Tickets (out of town members of other URJ congregations)

Reciprocal Tickets _____ Name(s) of Reciprocal(s) _____
(Temple Chai must receive a letter from the Reciprocal's congregation. Please make sure your name is included.)

Prayer Books - (Prayer Books are not provided at services. Please purchase below.)

We use the Gates of Repentance prayer book. If you need one for services, please order below.
Prayer Book(s) at \$36 each (please pick up at the Temple office before September 20). \$ _____

New Year's Card

Include your name on the Temple Chai New Year's Card. Minimum contribution is \$18. Please **PRINT** your name exactly as you would like it to appear:
_____ \$ _____

Memorial Book - Book of Remembrance

The suggested contribution is \$18 per name for the Yizkor Memorial Book, plus \$18 for fulfilling the mitzvah of remembering Holocaust victims and \$18 for remembering the victims of recent wars.

- Please add my name to those who are remembering victims of the Holocaust \$ _____
- Please add my name to those who are remembering victims of recent wars \$ _____

Names for our Yizkor Memorial Book (names will be listed alphabetically) (please print):

_____ \$ _____

Remembered by: _____
(Please print your name as you would like it to appear.)

Special Needs

- Wheel Chair Seating Scooter Seating Walker Seating Hearing Impaired Equipment Need a Ride
 Other _____

Volunteer Opportunities (Check service and time)

- Usher - Service(s) available Erev Rosh Hashanah ___ Family ___ 8:00 pm Rosh Hashanah ___ Early ___ Late ___ Family
 2nd day Rosh Hashanah Kol Nidre ___ Family ___ 8:00 pm Yom Kippur ___ Early ___ Late ___ Family

Name of Usher(s) _____ Email _____

Babysitting (available for children walking through Kindergarten at \$10 per child per service)

Child Name _____ Age _____ \$ _____

Child Name _____ Age _____ \$ _____

Child Name _____ Age _____ \$ _____

- Erev Rosh Hashanah Rosh Hashanah 2nd day Rosh Hashanah Kol Nidre Yom Kippur

(Babysitting available for 6:00 pm and 10:30 am services only)

Total \$ _____

Special information (i.e., allergies, medical conditions, etc.) _____

Please do not bring your child to babysitting with a cold, fever, diarrhea, contagious disease or if just not feeling well.

Payment Information

Extended Family Tickets \$ _____

Prayer Books \$ _____

Babysitting \$ _____

New Year's Card \$ _____

Remembering Holocaust Victims \$ _____

Remembering Recent War Victims \$ _____

Yizkor Memorial Book \$ _____

Total Amount Enclosed \$ _____

Credit Card - We accept Visa/Mastercard/American Express

Is this a debit card? Yes No

Account # _____ CVS# _____ Exp. Date _____

Name on Card (Please Print) _____

Address where you receive credit card statement:

Signature: _____ Date: _____

Check # _____

Please mail this form before August 15, 2011 to:

Temple Chai ☆ 4645 E. Marilyn Rd. ☆ Phoenix, AZ 85032