

**Congregant Information - Please mail or drop off this form before August 31, 2017
If you will not be attending any High Holy Days services this year, please let us know.**

Name(s) _____

Address _____ City, State, Zip _____

Email _____ Telephone _____

High Holy Days Services 5778 (Tickets will allow you to attend any service, but please mark your preference)

Erev Rosh Hashanah

- Prayer Lab Service - 6:00 pm
- Late Service - 8:00 pm

Rosh Hashanah

- Early Service - 8:15 am
- Tot Service - 9:30 am
- Late Service - 11:00 am
- Teen Service - 11:00 am
- Fam/Multi-Gen Service - 2:00 pm

2nd Day Rosh Hashanah

- Service 10:00 am
- Kiddush (following service)

Kol Nidre

- Prayer Lab Service - 6:00 pm
- Late Service - 8:00 pm

Yom Kippur

- Early Service - 8:15 am
- Tot Service - 9:30 am
- Late Service - 11:00 am
- Teen Service - 11:00 am
- Fam/Multi-Gen Service - 2:00 pm
- Afternoon Service - 3:30 pm
- Yizkor/Neilah - 5:00 pm

Member and Immediate Family Tickets (included with membership - No additional cost)

Member Adults _____ Adult Children (ages 18 to 25) _____ Rabbi's Circle _____
(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 a single person ages 26 to 32 is \$250 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 Reciprocals _____

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

Prayer Books

We will use the Mishkan Hanefesh prayer book set beginning this year. If you did not pre-order for services, please order below.

_____ Prayer Book(s) at \$40 each (please pick up at the Temple office before September 15). \$ _____

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:

_____ \$ _____

Yizkor Memorial Book

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.

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

_____ \$ _____

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 \$ _____

Remembered by: _____

(**Please print** your name as you would like it to appear.)

Special Needs

- Wheelchair Seating Scooter Seating Walker Seating Hearing Impaired Equipment Need a Ride
 Handicap Parking Other _____ # People Sitting With You _____

Volunteer Ushering (Check service and time)

Usher - Service(s) available:

- Erev Rosh Hashanah ___ Prayer Lab 6:00 pm ___ Late 8:00 pm
 Rosh Hashanah ___ Early 8:15 am ___ Late 11:00 am ___ Fam/Multi-Gen 2:00 pm 2nd day Rosh Hashanah 10:00 am
 Kol Nidre ___ Prayer Lab 6:00 pm ___ Late 8:00 pm
 Yom Kippur ___ Early 8:15 am ___ Late 11:00 am ___ Fam/Multi-Gen 2:00 pm ___ Afternoon 3:30 pm

Name of Usher(s) _____ Email _____

Babysitting (available for children walking through Kindergarten at NO Cost, RSVP REQUIRED)

Child Name _____ Age _____

Child Name _____ Age _____

Child Name _____ Age _____

Erev Rosh Hashanah - Prayer Lab Service 6:00 pm Evening 8:00 pm

Rosh Hashanah - Early Service 8:15 am Late Service 11:00 am Fam/Multi-Gen 2:00 pm

2nd day Rosh Hashanah - 10:00 am

Kol Nidre - Prayer Lab Service 6:00 pm Evening 8:00 pm

Yom Kippur - Early Service 8:15 am Late Service 11:00 am Fam/Multi-Gen 2:00 pm Afternoon 3:30 pm

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

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

Payment Information

Extended Family Tickets \$ _____

Prayer Books \$ _____

New Year's Card \$ _____

Yizkor Memorial Book \$ _____

Remembering Holocaust Victims \$ _____

Remembering Recent War Victims \$ _____

Donation (optional) \$ _____

Total Amount Enclosed \$ _____

Credit Card - We accept Visa/Mastercard/American Express

ACH

Check Enclosed # _____

(For ACH Routing number (9 digits) _____ Acct Number _____

Credit Card Acct # _____ CVS # _____ Exp. Date _____

Name on Card (Please Print) _____

Address where you receive credit card statement:

Signature: _____ Date: _____

Please mail this form before August 31, 2016 to:

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