



Temple  
CHAI

## 2021 - 5782 High Holy Days - Congregant Ticket Request

Please return this form before August 11<sup>th</sup>

Name(s) \_\_\_\_\_

Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Email \_\_\_\_\_ Telephone \_\_\_\_\_

### Services - Tickets will be issued for specific services, based on your request and seating capacity

#### Erev Rosh Hashanah

Prayer Lab/Trad Service - 7:00 pm

#### Rosh Hashanah

- Early Service - 8:00 am
- Late Service - 11:00 am
- Teen Service - 11:00 am
- Family/Multi-Gen Service - 2:30 pm

#### 2nd Day Rosh Hashanah

Service - 10:00 am

#### Kol Nidre

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

#### Yom Kippur

- Early Service - 8:00 am
- Late Service - 11:00 am
- Teen Service - 11:00 am
- Family/Multi-Gen Service - 2:30 pm
- Afternoon Service, Healing Service, Yizkor, Nei'lah - 4:00 pm

Tot Services - Erev Rosh Hashanah and Kol Nidre at 4:30 pm, via Live Streaming only

I will be attending all services virtually and will not need tickets

### Tickets

#### Member and Immediate Family - Included with membership at no additional cost

Member Adults # \_\_\_\_\_ Member Children (up to age 25) # \_\_\_\_\_ Rabbi's Circle Guests # \_\_\_\_\_

Children/Guest Name(s) \_\_\_\_\_

#### Extended Family Tickets - \$250 per person/ticket

Extended Family # \_\_\_\_\_ Name(s) \_\_\_\_\_ \$ \_\_\_\_\_

(Extended family includes children 26 years and older, parents, and other extended family members.)

### Yizkor Memorial Book and Presentation

#### Names for Yizkor Memorial Book (names will be listed alphabetically) *(please print or type to ensure accuracy)*:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# \_\_\_\_\_ of names at suggested contribution of \$18 each \$ \_\_\_\_\_

Remembered by: \_\_\_\_\_

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

### In Memoriam Virtual Presentation

We are offering families the opportunity to remember loved ones in a photo slide presentation. This is in addition to a listing in the Yizkor Memorial Book. The cost is \$5 per photograph (1 photo per loved one).

Please upload photos to Dropbox at <https://www.dropbox.com/request/1Ju3sVIPRJKvBTyQI3nQ>.

# \_\_\_\_\_ of photos at \$5 each \$ \_\_\_\_\_

### Holocaust and Recent Wars

Please add my name to those who are remembering victims of the Holocaust \$18

Please add my name to those who are remembering victims of recent wars \$18

Remembered by: \_\_\_\_\_

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

## New Year's Card

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

\_\_\_\_\_ \$ \_\_\_\_\_

## Prayer Books

We use the Mishkan HaNefesh prayer book set. If you do not have a set, please order below.

# \_\_\_\_\_ Prayer Book(s) at \$40 each set (please pick up at the Temple office before September 3.) \$ \_\_\_\_\_

## Special Needs

Wheelchair Seating    Scooter Seating    Walker Seating    Handicap Parking    Other \_\_\_\_\_

# People Sitting With You \_\_\_\_\_

## Volunteer Ushers

Name \_\_\_\_\_ Phone # \_\_\_\_\_

Email \_\_\_\_\_

Name \_\_\_\_\_ Phone # \_\_\_\_\_

Email \_\_\_\_\_

## Payment Information

Extended Family Tickets \$ \_\_\_\_\_

Yizkor Memorial Book \$ \_\_\_\_\_

In Memoriam Presentation \$ \_\_\_\_\_

Remembering Holocaust Victims \$ \_\_\_\_\_

Remembering Recent War Victims \$ \_\_\_\_\_

New Year's Card \$ \_\_\_\_\_

Prayer Books \$ \_\_\_\_\_

Donation (optional) \$ \_\_\_\_\_

**Total Amount Enclosed \$ \_\_\_\_\_**

**To protect the health of our community, face masks will be required for those ages 5+ at all services.**

**Credit Card - We accept Visa/Mastercard/American Express** (A 3% surcharge will be added to all credit card payments)

**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, email or drop off this form before August 11<sup>TH</sup> to:**

Temple Chai - 4645 E. Marilyn Rd. - Phoenix, AZ 85032 or Sheana Abrams at [sabrams@templechai.com](mailto:sabrams@templechai.com)