



Temple
CHAI

2021 - 5782 High Holy Days - Congregant Ticket Request

Please return this form before August 27th

Name(s) _____

Address _____ City, State, Zip _____

Email _____ Telephone _____

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

- | | | |
|---|---|--|
| <input type="checkbox"/> <u>Erev Rosh Hashanah</u>
Prayer Lab/Trad Service - 7:00 pm | <input type="checkbox"/> <u>2nd Day Rosh Hashanah</u>
Service - 10:00 am | <input type="checkbox"/> <u>Yom Kippur</u>
Morning Service - 11:00 am |
| <input type="checkbox"/> <u>Rosh Hashanah</u>
Morning Service - 11:00 am | <input type="checkbox"/> <u>Kol Nidre</u>
Prayer Lab Service - 6:00 pm | <input type="checkbox"/> Teen Service - 11:00 am |
| <input type="checkbox"/> Teen Service - 11:00 am | <input type="checkbox"/> Late Service - 8:00 pm | <input type="checkbox"/> Family/Multi-Gen Service - 2:30 pm |
| <input type="checkbox"/> Family/Multi-Gen Service - 2:30 pm | | <input type="checkbox"/> 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.)

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 \$ _____

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 27th* to:

Temple Chai - 4645 E. Marilyn Rd. - Phoenix, AZ 85032 or Sheana Abrams at sabrams@templechai.com