

Adat Chaim High Holiday Ticket Request

Thank you for your interest in celebrating the High Holidays at Adat Chaim Synagogue. Tickets may be purchased for \$200 each.

Please fill out this form so we have accurate information on all of your family members who will be joining us for the High Holidays this year. A ticket will be issued for each person. If you are attending this year and know an Adat Chaim member that you would like to be seated near, please specify this on the bottom of the form. We will contact you via e-mail and phone to let you know that we have received your ticket request form and payment. Tickets will be mailed directly to you if your request is made by to August 20th, otherwise you may pick them up during the holidays. For security reasons, you will need to present your tickets at the door for admission.

1. ___adult ___ child \$200
Name _____ Phone _____
Address/zip _____ E-mail _____

2. ___adult ___ child \$200
Name _____ Phone _____
Address/zip _____ E-mail _____

3. ___adult ___ child \$200
Name _____ Phone _____
Address/zip _____ E-mail _____

4. ___adult ___ child \$200
Name _____ Phone _____
Address/zip _____ E-mail _____

If possible, we would like to sit near _____.

No. of tickets needed _____ Ticket Amount Due \$ _____

Make extra copies of this form if needed.

Name: _____

Address: _____

Phone: _____ E-mail: _____

Name: _____ Phone #: _____

Adat Chaim Lulav and Etrog Order Form



Fulfill the Mitzvah of shaking your own Lulav and Etrog. We will be happy to include you in our order this year.

Order your set today. Each set is **\$49.00**. You will be notified by phone or email when to pick up your set(s) at the synagogue.

Please order me _____ Lulav/Etrog set(s) at **\$49** each

Adat Chaim Book of Remembrance Order Form

Each year we put together a Book of Remembrance for Yom Kippur. If you would like to place a remembrance of a loved one in this very meaningful way, fill out the form below and include with your packet. In order to ensure our printing deadlines, we will need this returned with the rest of your forms **no later than August 20th**.

_____ **One or two lines \$20**

In Loving Memory of: _____

_____ **Three lines; 1/4 page \$27 (Approx. 2 1/2 x 4)**

In Loving Memory of: _____

_____ **Four Lines; 1/2 page \$36 (Approx. 5 x 4)**

In Loving Memory of: _____

_____ **Full Page \$54 (Approx. 5 x 8)**

In Loving Memory of: _____

Adat Chaim Honors and Aliyot Request Form

5776/2015

Participating in the High Holiday service can be a wonderful and spiritual experience. Please indicate what type of honor, the name of the person receiving it and the day(s) you wish to have the honor. There may be more individuals requesting honors than are available. You will be notified as to the honor by email once we have processed all requests. Return this form with your checklist request form.

Name: _____ E-mail: _____

	Name	Name	Name	Name
English name				
Hebrew Name				
Father's Hebrew Name				
Mother's Hebrew Name				
Cohen				
Levi				
Israelite				
Choices				
1 st day Rosh Hashanah				
2 nd day Rosh Hashanah				
Kol Nidre				
Yom Kippur Day				
Yom Kippur Mincha/ Maariv				
English Reading				
Hebrew Reading				
Read Torah/ Haftarah				
Aliyah				
Non-speaking, i.e. ark opening				

Office use: seat _____ row _____

Name: _____ Phone #: _____

Adat Chaim High Holiday Checklist and Payment Form for 2015

Check off each form you have included with your payment for High Holidays. Return all forms and payment **no later than August 20th**.

_____ Ticket Request	amt. _____	Include Ticket Request Form
_____ Book of Remembrance	amt. _____	Include Book of Remembrance Form
_____ Lulav and Etrog	amt. _____	Include the Lulav/Etrog Order Form
_____ Honor/Aliyot		Include the Honors/Aliyot Form
Miscellaneous Donation	amt. _____	Thank you for your generosity
Total	\$ _____	

Make checks payable to: **Adat Chaim**
Or charge credit card (circle one): **MC** **VISA**
_____ - _____ - _____ - _____
Exp. Date _____
3 digit Security # from back of card _____

Mail to: Adat Chaim Synagogue
c/o Lynn Ruddle
10989 Red Run Blvd., Ste. 109
Owings Mills, MD 21117

Signature _____ Phone: _____

Billing Address: Name: _____
Address: _____
City: _____ State: _____ Zip: _____
E-mail: _____

For Office Staff Only:

Recv'd by _____ recv'd date _____ check # _____ total amt \$ _____