

HIGH HOLIDAY TICKET REQUEST FORM

Tickets (seats) for Family Members:

Date: _____

Name of Member: _____

Email: _____ Phone : _____

Number of Adults in Family for seats _____ Number of Children: _____

Extra Tickets:

Number of Extra Tickets Requested: _____ Donation Enclosed: _____
(\$50/seat suggested)

Contact Information for Guests:

Name: _____

Address: _____

Email: _____ Phone : _____

Reason for request: _____

Name: _____

Address: _____

Email: _____ Phone : _____

Reason for request: _____

Name: _____

Address: _____

Email: _____ Phone : _____

Reason for request: _____

Information for Youth Programs (required for each child)

Name: _____ Age: _____ Grade: _____ Allergies: _____

Current Jewish connection (ELC, JJEP, Kadima, etc.): _____

Babysitting required? _____ Bathroom trained? _____

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Return to: **Congregation Beth Shalom**
 5915 Beacon St.,
 Pittsburgh, PA 15217
 Attention: Rob Menes, Executive Director,