



Temple Beth Sholom בית שלום

South Bay's Conservative Synagogue

208 Madrona St. Chula Vista, CA 91910

Phone: (619) 420-6040

www.bethsholomtemple.com

HIGH HOLY DAY TICKET REQUEST

At least 30 per cent of Membership Pledge must be paid before receipt of member tickets.

Name(s) _____

Street Address _____

City, State, Zip Code _____

Telephone(Home/Work/Cell) _____ Email _____

Number of Member Tickets (single, couple, or dependent child 23 or younger) _____

Names _____

Number of Guest or Family of Member Tickets (\$50 per ticket) _____

Number of Visitor Tickets (\$180 per ticket) _____

Names _____

Would you like an Honor at Services? Yes _____ (We may not be able to grant all requests.)

____ First Day Rosh Hashanah ____ Second Day Rosh Hashanah

____ Kol Nidre ____ Yom Kippur Morning ____ Yom Kippur Afternoon

_____ Aliyah Hebrew Name: _____

I am a Cohen ____ Levi ____

_____ English Reading

_____ Open Ark