

Date Received _____

**OR HADASH
HIGH HOLIDAY SEATING REQUEST FORM 5784/2023**

All tickets for High Holiday Seats must be requested. Please PRINT. Checks for the full amount of ticket prices must be enclosed at the time of this request. **Members Must Be In Good Standing To Receive Their Tickets. Nobody will be admitted without a ticket.** Please feel free to contact the Synagogue Office. Thank you.

MEMBER _____ TELEPHONE _____

ADDRESS _____

• **SEAT(S) INCLUDED WITH MEMBERSHIP AT NO ADDITIONAL CHARGE
(Two free seats for a family, One free seat for a single)**

Full Family Membership Two _____ One _____ None _____

Single Membership One _____ None _____

Number of Seats Requested _____

Seating will be in the sanctuary unless there is a reason you must sit in the Kiddush Room/folding chair section.

• **ADDITIONAL SEATS AVAILABLE TO ADULTS 23 AND OLDER @ \$136.00 EACH**

Please list names _____

seats requested @ \$136.00 each _____ \$ _____

• **SEATS AVAILABLE TO CHILDREN 22 & YOUNGER @ \$36.00 EACH**

Please list names _____

seats requested @ \$36.00 each _____ \$ _____

TOTAL SEATS REQUESTED (including tickets that come with membership) _____

Additional Donation in lieu of pew seat surcharge \$ _____

TOTAL AMOUNT ENCLOSED \$ _____

IF A REQUEST IS MADE TO BE SEATED WITH SPECIFIC INDIVIDUALS, IT IS ADVISABLE TO SUBMIT ALL REQUESTS AT THE SAME TIME AND AS EARLY AS POSSIBLE. PLEASE KEEP IN MIND THAT SEAT REQUESTS ARE FILLED IN THE ORDER THAT WE RECEIVE THEM. WE WILL DO OUR BEST TO HONOR REQUESTS.

Please indicate the names of those congregants near whom you wish to be seated. We will try to honor your request.

Additional Seating Requests:
