

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. Please feel free to contact the Synagogue Office. Thank you.

NAME _____ TELEPHONE _____

ADDRESS _____

• **SEATS FOR ADULTS 23 AND OLDER @ \$200.00 EACH**

Please list names _____

seats requested @ \$200.00 each _____ \$ _____

Reserved seat(s) @ No additional charge Number of seats _____

pew seats at an additional \$36.00 each _____ \$ _____

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

Please list names _____

seats requested @ \$36.00 each _____ \$ _____

Reserved seat(s) @ No additional charge Number of seats _____

pew seats (there is no surcharge for these seats) _____

TOTAL SEATS REQUESTED _____

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. YOU WILL NOT BE DISTANCED FROM THOSE YOU WISH TO SIT WITH.

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