



# Guest Reciprocal Seating Request Form

Members in “good standing” at another congregation who would like to spend the holidays at Temple Sholom must fill out the form below and return by **Sept. 10, 2019** to Eileen Robin, Executive Director, Temple Sholom, 300 East Putnam Avenue, Greenwich, CT 06830. For questions, call 203-869-7191 or email eileen.robins@templesholom.com.

Today’s Date: \_\_\_\_\_

### Your Congregation’s Information:

Congregation Name: \_\_\_\_\_

Congregation Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Congregation Contact (Executive Director or equivalent): \_\_\_\_\_

Contact Phone: \_\_\_\_\_ Contact Fax Number: \_\_\_\_\_

Contact Email: \_\_\_\_\_

### Your Information:

Name (first & last): \_\_\_\_\_

Spouse’s Name (first & last): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Child’s Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

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Child’s Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Where should tickets be sent?  Mailed to Your Address Above  Pick-up at Temple Sholom during High Holidays

### For Your Congregation’s Executive Director to Sign:

The above named individual(s) is/are member(s) of our Congregation in good standing. His/Her/Their annual membership dues are \_\_\_\_\_ which include \_\_\_\_\_ tickets for High Holiday services at our synagogue as part of their membership dues. They will be in your area for the High Holy Days this year. We would be grateful if you would extend to them the courtesy of High Holy Day seating at your synagogue.

Thank you for your consideration,

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please Print Name: \_\_\_\_\_