



Guest Ticket Order Form

Guest tickets are available for:
\$100/1 day ticket \$300/5 day ticket

A 1 day ticket includes your choice of one of the five High Holiday services listed below.

A 5 day ticket includes Erev Rosh Hashanah, Rosh Hashanah Days 1 & 2, Kol Nidre & Yom Kippur services.

Guest tickets are only available for out of town family or friends and may not be purchased for friends or family living within a 20-mile radius of Temple Sholom. All guests ages six and older require a ticket.

Temple Sholom Member Information:

Name (first & last): _____

Address: _____ City: _____ State: ____ Zip: _____

Phone: _____ Email: _____

Tickets: Mailed to Member Mailed to Guest Held at Temple for Pick-up

Guest Information (you may use one block for each family, but please include all names):

Guests 1: # of people in family: _____ Ages of Children (if applicable): _____

Name(s) (first & last): _____

Address: _____ City: _____ State: ____ Zip: _____

Phone: _____ Email: _____

Each guest requires a ticket. # of 1-day tickets required: _____ # of 5-day tickets required: _____

Guests 2: # of people in family: _____ Ages of Children (if applicable): _____

Name(s) (first & last): _____

Address: _____ City: _____ State: ____ Zip: _____

Phone: _____ Email: _____

Each guest requires a ticket. # of 1-day tickets required: _____ # of 5-day tickets required: _____

Guests 3: # of people in family: _____ Ages of Children (if applicable): _____

Name(s) (first & last): _____

Address: _____ City: _____ State: ____ Zip: _____

Phone: _____ Email: _____

Each guest requires a ticket. # of 1-day tickets required: _____ # of 5-day tickets required: _____

Please complete the reverse side of this form

Guest Ticket Order Form (continued)

Guest Information Continued (you may use one block for each family, but please include all names):

Guests 4: # of people in family: _____ Ages of Children (if applicable): _____

Name(s) (first & last): _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Each guest requires a ticket. # of 1-day tickets required: _____ # of 5-day tickets required: _____

Guests 5: # of people in family: _____ Ages of Children (if applicable): _____

Name(s) (first & last): _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Each guest requires a ticket. # of 1-day tickets required: _____ # of 5-day tickets required: _____

Guests 6: # of people in family: _____ Ages of Children (if applicable): _____

Name(s) (first & last): _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Each guest requires a ticket. # of 1-day tickets required: _____ # of 5-day tickets required: _____

Ticket Order Summary

Total # of 1-day tickets requested @ \$100 each \$ _____

Total # of 5-day tickets requested @ \$300 each \$ _____

TOTAL payment enclosed \$ _____

Payment Information

Please return this form with your payment by **September 10, 2019** to:
Temple Sholom • 300 East Putnam Avenue • Greenwich, CT 06830

Please make checks payable to Temple Sholom.