



## Guest Ticket Order Form

Guest tickets are available for:

**\$300/5 day ticket    \$100/1 day ticket**

(5 day ticket includes Erev Rosh Hashanah, Rosh Hashanah Days 1 & 2, Kol Nidre & Yom Kippur services;  
1 day ticket includes your choice of one of the five High Holiday services listed above.)

**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

### 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 5-day tickets required: \_\_\_\_\_ # of 1-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 5-day tickets required: \_\_\_\_\_ # of 1-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 5-day tickets required: \_\_\_\_\_ # of 1-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 5-day tickets required: \_\_\_\_\_ # of 1-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 5-day tickets required: \_\_\_\_\_ # of 1-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 5-day tickets required: \_\_\_\_\_ # of 1-day tickets required: \_\_\_\_\_

## Ticket Order Summary

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

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

**TOTAL payment enclosed** \$ \_\_\_\_\_

## Payment

Make checks payable to Temple Shalom *OR*

Charge my:  MasterCard  Visa Acct #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Name on Card: \_\_\_\_\_

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

Please return this form with your payment by **September 6, 2017** to:  
Temple Shalom • 300 East Putnam Avenue • Greenwich CT 06830

Please complete the reverse side of this form. 