



Reciprocal Seating Request Form

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: _____

Child's Name: _____ Age: _____ Grade: _____

Child's Name: _____ Age: _____ Grade: _____

Child's Name: _____ Age: _____ Grade: _____

Where should tickets be sent? Mailed to Address Above Pick-up at Temple Sholom (can pick up on High Holidays)

For the 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 _____ **(insert number)** 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: _____