

BETH AM TEMPLE
5784/2023 HIGH HOLY DAY TICKET REQUEST FORM
 (Members may use this form to request additional tickets)

CHILDREN, UNDER AGE 18, LIVING IN YOUR HOUSEHOLD, DO NOT REQUIRE TICKETS WHEN ACCOMPANIED BY ADULT

MEMBER FIRST & LAST NAME: _____

1. Parents and children (over age 18) living with you, or children away at college or serving in the Armed Forces, are required to have a ticket. - **NO CHARGE**

PARENTS:

CHILDREN:

_____ Age:____ _____ Age:____
 _____ Age:____ _____ Age:____

2. Parent(s) or Child(ren) NOT LIVING WITH YOUR FAMILY - **\$75 PER PERSON**

NAME:

RELATIONSHIP:

3. Adults related to Temple members (other than parents and children) - **\$180 PER PERSON**

NAME: _____

Rosh Hashanah only
OR Yom Kippur only
\$100 per ticket

NON MEMBER

*** Ticket purchase price may be applied to a new Temple membership ***

Contact Name (print): _____ Phone: _____

ADULTS:

\$360 PER PERSON
Rosh Hashanah only
OR Yom Kippur only
\$200 per ticket

CHILDREN:

\$100 PER PERSON
Rosh Hashanah only
OR Yom Kippur only
\$65 per ticket

Please mail my tickets to: _____

TICKETS WILL BE MAILED FOLLOWING RECEIPT OF PAYMENT, IF TIME PERMITS
SEE REVERSE SIDE FOR PAYMENT OPTIONS

**BETH AM TEMPLE
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YOU <u>MUST</u> SUBMIT YOUR COMPLETED FORM WITH PAYMENT		
<u>BY MAIL</u> Beth Am Temple P.O. Box 1200 Pearl River, NY 10965 ATTENTION: HH Tickets	OR	<u>BY EMAIL</u> OFFICE@BETHAMTEMPLE.ORG SUBJECT LINE: HH TICKETS

CHECK PAYMENT OPTION

Make your check payable to Beth Am Temple.
Mail completed form and check to address listed above.

CREDIT CARD PAYMENT OPTION

1. To pay online:
 - a. Go to our website: www.BethAmTemple.org
 - b. Click on the DONATE button
 - c. Enter the amount that you are paying
 - d. In the drop-down menu labeled "Use this donation for", select the last menu option "Other"
 - e. Select your payment option – Credit Card, Debit or PayPal
 - f. On the next screen, click on the plus sign to write a note and in the text box, type "HH tickets"
 - g. Proceed with your payment

2. To pay by mail/email (requires more processing time):

Please complete information below and send to address listed above.
This information will be destroyed once payment has been processed.

Name on Card: _____

Card Type: AMEX _____ VISA _____ MASTERCARD _____

Card Number: _____

Expiration Date: _____

Signature: _____