

Non Member High Holy Days Ticket Request Form

Temple Kol Tikvah 2016 / 5777

Please return by September 15, 2016

(Please print clearly)

Family Name: _____ First: _____

Address: _____ City: _____ Zip: _____

Phone: (home) _____ (cell) _____ Email: _____

Tickets

			Quantity	Total
Adult Tickets (23 – 69 years of age)	\$325	X	_____ =	\$_____
Dependent Children (22 years & under)	\$200	X	_____ =	\$_____
Senior (70 years & older)	\$200	X	_____ =	\$_____
Total Ticket Payment:				\$_____

Yizkor Memorial Book

The Book of Remembrance is distributed at the Yizkor Service on Yom Kippur. If you would like to honor your loved ones by having their names included please fill out the section below. There is a donation of \$36 for each name.

Name(s) of those being honored:

Remembered by: (If different from family name)

Total Yizkor Book Listings: \$36 X _____ (# of names) = \$_____

I am a handicapped driver in need of a handicapped parking space. I understand that handicapped parking space is limited and will be granted on a first come, first serve basis.

Total including Tickets and Yizkor Memorial Book: \$_____

Check # _____ is enclosed or charge my VISA MASTERCARD AMEX

Credit Card Number: _____

Expiration Date: _____ CVV# _____

Signature: _____

All services will be held at Temple Kol Tikvah.

Please return to by September 15, 2016

ation please call 818-348-0670 ext. 214.



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A Reform Congregation Affiliated with the Union for Reform Judaism