

TICKETS FOR PARALLEL SERVICE

Name _____ Phone _____

Address _____

City _____ State _____ Zip _____

Would you accept an honor during services? Yes _____ No _____

Cohain _____ Levi _____ Israelite _____

Have you ever been a member of Temple Beth Am? YES NO

Have you ever purchased High Holy Day Tickets from Temple Beth Am? YES NO

Will your child(ren) be at the Early Childhood Center during services? YES NO

If yes, your child(ren) must be picked up no later than 1:00P.M.

Do you need a Handicap Parking Space (must attach copy of placard to ticket form) YES NO

Ticket Cost: \$125 per adult \$25 under 18

Amount Paid _____ # of Tickets _____ Seat # _____
Cash _____ Check # _____