



For Office Use Only
1: _____
2: _____

## Beth Israel 2017/5778 High Holiday Seat Request Form

**PLEASE SUBMIT BY MONDAY, AUGUST 21, 2017**

Please fill out the form below. All requests are made on a first come, first served basis. Please return your form via mail or email to [bethisrael@bethisrael-om.org](mailto:bethisrael@bethisrael-om.org), or by fax to 410-581-0113. Questions? Call the Beth Israel office at 410-654-0800.

<b>Last Name</b>	(1)	<b>First Name</b>	(1)	
	(2)		(2)	
<b>Address</b>				
<b>Home Phone</b>			<b>Work Phone or Cell Phone</b>	(1)
				(2)
<b>Email (1)</b>		<b>Email (2)</b>		

### SECTION A: HIGH HOLIDAY SEATING FOR MEMBERS

Check Appropriate Box:	<i>Please indicate your seating preference.</i>	Number of Seats					
	Reserved Seat (\$100 upgrade per reserved seat)						
	Open Seating or Family Service (no additional charge)						
<b><i>Please list your children, ages 5-25 who will be attending services.</i></b>							
Children's Names			Child will sit in:			Child will attend Youth Service	
Name	Age		Reserved Seating *	Open Seating	Family Service	Yes	No

\* \$100 per child per seat.

**SECTION B: ADDITIONAL SEATS FOR GUESTS**

1	Name		Age		Relationship	
	Street		City		State	Zip
2	Name		Age		Relationship	
	Street		City		State	Zip
3	Name		Age		Relationship	
	Street		City		State	Zip

Please check the appropriate box	Description	Number of Seats	Cost	Total
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**Guest Seats: For services in the David Phillip Gresser Sanctuary**

	Main Service: For services in the David Phillip Gresser Sanctuary, Grebow Auditorium or Social Hall		\$275 per seat for nonreserved seats	\$
			\$375 per seat for reserved seats	\$
	Family Service: Open Seating Only		\$275 per seat	\$

**For Preschool and Learning Lab Non-Member Parents:**

	Main Service: For seats in the David Phillip Gresser Sanctuary, Grebow Auditorium or Social Hall		\$225 per seat for adults (non-reserved)	\$
			\$0 per seat for children (non-reserved)	\$0
			\$325 per seat for adults (reserved)	\$
			\$250 per seat for children (reserved)	\$
	For seats in the Family Service		\$225 per seat for adults	\$
			\$0 per seat for children	\$

Reciprocal Seats: Please call the office at 410-654-0800 for assistance.

Total cost for additional seats: \$

**PAYMENT DETAILS**

<i>Please select your method of payment</i>			Enter the Amount Below:
Check enclosed for the following amount:			\$
Please bill my Beth Israel Account (for members)			\$
Please charge my MasterCard/Visa:	Card #:	Exp. Date:	\$
Card holder name			

Please feel free to share any other information with us regarding your seating request:

**Please submit by Monday, August 21, 2017**