



TEMPLE
SINAI

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Ticket Request – 2010/5771 Additional Family Members and Non-Members

Please complete this form and return it with your check to: Temple Sinai, 208 Summit Avenue, Summit, NJ 07901 by September 1, 2010. Tickets may also be requested by emailing all of the information below to: HHD5771Requests@templesinainj.org.

Member's Name: _____
(and full contact information if non-member)

IMMEDIATE FAMILY MEMBERS

Tickets for **parents, grandparents, independent adult children and grandchildren** for a donation of \$75 per person: (The \$75 donation entitles parents and children to attend **ANY or ALL** of the High Holy Day Services. There will be no charge if a Reciprocal Courtesy Seating Request from another Reform Temple is presented.)

Name of Relative	Relationship to Member

OTHER FAMILY MEMBERS

Tickets for other relatives for a donation of \$150 per person: (The \$150 donation entitles relatives to attend **ANY or ALL** of the High Holy Day Services. There will be no charge if a Reciprocal Courtesy Seating Request from another Reform Temple is presented.)

Name of Relative	Relationship to Member

NON-MEMBERS

A limited number of tickets (to **ANY or ALL** services) are available for non-member for a donation of \$250 per person.. In the situation of heavy attendance we reserve the right to specify which service (early or late that non-member tickets can be used.

Name of Relative	Relationship to Member