

## SEAT REQUEST FOR HIGH HOLY DAYS

### Ticket Request Deadline: Friday, August 26 by 4:00 pm

Ticket orders received after the deadline will be handled, regardless of priority, on a first-come, first-served basis only.

## STEP 1

### PLEASE UPDATE YOUR MEMBERSHIP INFORMATION

Even if you are not ordering tickets for all family members, it is important that you update this information.

#### Member#1

Name \_\_\_\_\_

Address \_\_\_\_\_ Suite or Apt. # \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone/extension \_\_\_\_\_

Cell/Mobile Phone \_\_\_\_\_

E-mail Address \_\_\_\_\_

Children (please include ALL children, even if adult)

Name	Male/Female	Date of Birth	Age
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1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

#### Member#2

Name \_\_\_\_\_

Address \_\_\_\_\_ Suite or Apt. # \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone/extension \_\_\_\_\_

Cell/Mobile Phone \_\_\_\_\_

E-mail Address \_\_\_\_\_

Children (please include ALL children, even if adult)

Name	Male/Female	Date of Birth	Age
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1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

## STEP 2

### Your I.D. MUST Match the Name on Your Ticket for ALL Services

LIST ALL INDIVIDUALS BELOW BY NAME FOR WHOM YOU ARE PURCHASING A TICKET. TICKETS ARE ONLY VALID FOR THE PERSON TO WHOM THEY ARE ASSIGNED IN ADVANCE. FOR EVERY TICKET PURCHASED, THERE MUST BE A CORRESPONDING FIRST AND LAST NAME ON THIS ORDER FORM OR THE ENTIRE ORDER WILL NOT BE PROCESSED. ALL TICKETS WILL BE MAILED TO THE PURCHASER'S ADDRESS. STATED PRICES ARE FOR FULL MEMBERS IN GOOD STANDING. OTHER TICKETS WILL BE SOLD AFTER AUGUST 26, AND PRICES WILL BE AT A PREMIUM OF 25% OVER MEMBER PRICES.

#### PLEASE PRINT CLEARLY

1. \_\_\_\_\_

6. \_\_\_\_\_

2. \_\_\_\_\_

7. \_\_\_\_\_

3. \_\_\_\_\_

8. \_\_\_\_\_

4. \_\_\_\_\_

9. \_\_\_\_\_

5. \_\_\_\_\_

10. \_\_\_\_\_

Special requests or needs: \_\_\_\_\_

**Please remember to complete steps 3 & 4**

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STEP 3

Indicate Location, Number and Price of Tickets AND Total Your Order

Please indicate the service location of your choice: (check one)

- Aaron Family Main Sanctuary QTY: @ \$450 = \$
1st Foyer QTY: @ \$350 = \$
2nd Foyer QTY: @ \$310 = \$
3rd Foyer QTY: @ \$275 = \$
4th Foyer QTY: @ \$250 = \$
Beck Family Sanctuary QTY: @ \$350 = \$
Beit Aryeh QTY: @ \$250 = \$
Aaron Family Main Sanctuary Teen Section QTY: @ \$90 = \$
Beit Aryeh Teen Ticket QTY: @ \$90 = \$

Amount I/we wish to donate to help provide seating for those unable to pay.

TOTAL \$
TOTAL AMOUNT PAID \$

IMPORTANT:

An order cannot be processed if it includes a member whose account is not current, until financial arrears have been resolved.

I confirm that the information provided on this page is correct and that I have not requested seats for any persons who are not eligible for seats. I have enclosed a check or provided credit card information below for payment.

X Member's Signature (required)

STEP 4

Complete and Sign Credit Card Authorization Form Order cannot be processed unless this form is filled out COMPLETELY including VIN#, expiration date, address, phone number, AND your signature Please PRINT Cardholder Information clearly.

Name

Credit Card Billing Address

City, State, Zip

Home Phone

Work Phone

Check One: VISA MASTERCARD CHECK ENCLOSED I agree to pay the 3% credit card processing fee with this order.

16-Digit Credit Card Number

Check Number

We CANNOT process a credit card transaction without:

Expiration Date / VIN#

X Cardholder Signature

The issuer of the card identified on this item is authorized to pay the amount shown as total upon proper presentation. I promise to pay such total (together with any other charges due thereon) subject to and in accordance with the agreement governing the use of such card.

VERY IMPORTANT:

After completing all four steps of your seat request form, detach both pages and mail it to: Congregation Shearith Israel, 9401 Douglas Avenue, Dallas, Texas 75225

You may hand-deliver your order form with the enclosed envelope provided. If you are paying by credit card, you also may email the signed form to rlittrell@shearith.org or fax to 214.939.7370. All forms and payment must be received on or before 4:00 pm on Friday, August 26.

Seating at Beit Aryeh

Tickets are available for purchase online through the "Members Only" section at www.shearith.org.

The seat request deadline is Friday, August 26, 2011