



# Seat Reservation Form - High Holidays 5770/2009

*This form must be accompanied by full payment (or "approved alternate financial arrangements" as explained below).  
Seats will **not** be assigned unless payment is enclosed or financial arrangements have been made.*

Registration Contact Information					
Name:		Email:		Home phone:	
Address:		City:		State:	ZIP:
<input type="checkbox"/> Double Chai <input type="checkbox"/> Full Member <input type="checkbox"/> Associate Member		Seating Preference (1,2,3) <input type="checkbox"/> Sanctuary <input type="checkbox"/> Beit Midrash <input type="checkbox"/> Social Hall			

Seat Reservation Requests							
<i>Seats are available for children ages 7+</i>				<i>Pricing for either RH/YK is ½ the listed seat price</i>			
Name (First Name Last Name)	Relationship to Member	RH / YK	Men or Women Section	Youth Seat 7-18 (age)	Immediate Family (Adult / Youth) Member (\$100/\$80) Associate Member (\$200/\$160)	Guests (Adult/Youth) Member (\$150/\$100) Associate Member (\$200/\$160)	SubTotal
		<input type="checkbox"/> RH <input type="checkbox"/> YK	<input type="checkbox"/> M <input type="checkbox"/> W				
		<input type="checkbox"/> RH <input type="checkbox"/> YK	<input type="checkbox"/> M <input type="checkbox"/> W				
		<input type="checkbox"/> RH <input type="checkbox"/> YK	<input type="checkbox"/> M <input type="checkbox"/> W				
		<input type="checkbox"/> RH <input type="checkbox"/> YK	<input type="checkbox"/> M <input type="checkbox"/> W				
		<input type="checkbox"/> RH <input type="checkbox"/> YK	<input type="checkbox"/> M <input type="checkbox"/> W				
		<input type="checkbox"/> RH <input type="checkbox"/> YK	<input type="checkbox"/> M <input type="checkbox"/> W				
		<input type="checkbox"/> RH <input type="checkbox"/> YK	<input type="checkbox"/> M <input type="checkbox"/> W				
		<input type="checkbox"/> RH <input type="checkbox"/> YK	<input type="checkbox"/> M <input type="checkbox"/> W				
		<input type="checkbox"/> RH <input type="checkbox"/> YK	<input type="checkbox"/> M <input type="checkbox"/> W				
<b>Seats Total</b>							

Child Care Requests (Children ages 2-6)					
Child Name	Age	Grade	RH / YK	Email address for Parent	Fee \$80
			<input type="checkbox"/> RH <input type="checkbox"/> YK		
			<input type="checkbox"/> RH <input type="checkbox"/> YK		
			<input type="checkbox"/> RH <input type="checkbox"/> YK		
			<input type="checkbox"/> RH <input type="checkbox"/> YK		
			<input type="checkbox"/> RH <input type="checkbox"/> YK		
			<input type="checkbox"/> RH <input type="checkbox"/> YK		
<b>Child Care Total</b>					

*Children are requested to bring a nut-free snack and water bottle on Rosh Hashanah and a nut-free lunch and water bottle on Yom Kippur.*

**Requests / Special Needs for Seating or Child Care:**

Office Use Only		
Date Received:	<input type="checkbox"/> Member in Good Standing	Note:



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Registration Contact Information		
Name:	Email:	Home phone:

Yizkor Booklet Memorials				
<i>\$180 Patron Sponsorship</i>			<i>or \$10 per individual dedication</i>	
Category	Check One			SubTotal
Patron Sponsor	<input type="checkbox"/>		\$180	
Memorials	<input type="checkbox"/>	Total Number of Memorials _____	@ \$10 each	
<b>Yizkor Booklet Total</b>				

- Please include my memorials from last year's Yizkor Booklet
- Please add the following memorials

English Name	Hebrew Name	Ben/Bat	Father's Hebrew Name

## Summary of Fees

Seats	Child Care	Yizkor Booklet	Total Owed

### Payment Options:

- Total Amount Due is enclosed / Post-dated checks attached       Double Chai Member
- New Credit Card payment form attached (Download separate form)       Credit Card Payment Agreement on-file

***Financial concerns should never impact one's decision to join KMS for High Holiday Services.  
To discuss extenuating circumstances due to financial hardship, please contact Alec Stone, Synagogue Treasurer.  
All cases will be handled with strict confidentiality.***

### Office Use Only

Date Received:	_____ Member in Good Standing	Note:
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