



High Holiday Reservation Forms 577 /201

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

Registration Contact Information			
Last Name:	First Name:		
Email:	Home Phone:		
Address:	City:	State:	ZIP:
<input type="checkbox"/> Double Chai Member	<input type="checkbox"/> Full Member	<input type="checkbox"/> Associate Member	<input type="checkbox"/> Non-Member

Summary of Fees

Category	Subtotal
Seats (Page 2)	
Child Care (Page 3)	
Yizkor Booklet (Page 4)	
Total of Fees	

Payment Options:

- Double Chai Member
- Total Amount Due is enclosed / Post-dated checks attached
- Credit Card payment form attached
- 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 the Synagogue Treasurer.
All cases will be handled with strict confidentiality.*

Office Use Only		
Form Number:	Date Received:	_____ Member in Good Standing
Notes:		



Seat Reservation Form - High Holidays 577 /201

*This form must be accompanied by full payment - Seats will **not** be assigned unless payment is enclosed or financial arrangements have been made.*

Registration Contact Information			
Last Name:	First Name:	Home Phone:	email
<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"/> Downstairs	

Seating Requests											
Seats are available for children ages 7+; Youth rates for ages 7-18						Pricing for either RH/YK is 1/2 the listed seat price					
Attendee			Seating Preference				Full Members		Associate Members	Pricing	
Last Name	First Name	Relationship to Member	RH	YK	Man or Woman	Youth (age)	Immediate Family Adult \$100 Youth \$80	Guests Adult \$150 Youth \$100	Adult \$200 Youth \$160	SubTotal	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> M <input type="checkbox"/> W						
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> M <input type="checkbox"/> W						
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> M <input type="checkbox"/> W						
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> M <input type="checkbox"/> W						
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> M <input type="checkbox"/> W						
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> M <input type="checkbox"/> W						
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> M <input type="checkbox"/> W						
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> M <input type="checkbox"/> W						
Seats Total											

Requests / Special Needs for Seating:

Office Use Only

Date Received:	_____ Member in Good Standing	Note:	Form #:
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Child Care Reservation Form - High Holidays 577 /201

*This form must be accompanied by full payment -- Child Care will **not** be assigned unless payment is enclosed or financial arrangements have been made.*

Contact Information	
Last Name:	First Name:
Phone:	Email:

Child Care Requests (Children ages 2-12)							
<i>Pricing for either RH/YK is ½ the listed price</i>							
Last Name	First Name	Age	Grade	RH	YK	Email address of Parent	Fee -- \$80
				<input type="checkbox"/>	<input type="checkbox"/>		
				<input type="checkbox"/>	<input type="checkbox"/>		
				<input type="checkbox"/>	<input type="checkbox"/>		
				<input type="checkbox"/>	<input type="checkbox"/>		
				<input type="checkbox"/>	<input type="checkbox"/>		
				<input type="checkbox"/>	<input type="checkbox"/>		
				<input type="checkbox"/>	<input type="checkbox"/>		
Child Care Total							

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 Child Care:

Office Use Only			
Date Received:	_____ Member in Good Standing	Note:	Form #:



Yizkor Booklet Memorials

Contact Information	
Last Name:	First Name:
Phone:	Email:

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	
			Yizkor Booklet Total	

- 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

Office Use Only			
Date Received:	_____ Member in Good Standing	Note:	Form #: