



The Jewish Center of the Hamptons
 44 Woods Lane, P.O. Box 5107, East Hampton, NY 11937
 Phone: (631) 324-9858 Fax: (631) 329-6654
 E-mail: office@jcoh.org Website: www.jcoh.org

Non-Member
2010 HIGH HOLY DAY TICKET REQUEST FORM 5771

Pre-Selichot Concert	Sat., Sept. 4	7:30 pm	Kever Avot at Cemetery	Sun., Sept. 12	10:00 am
Selichot	Sat., Sept. 4	9:00 pm	Yom Kippur Eve (Kol Nidre)	Fri., Sept. 17	8:00 pm
Erev Rosh Hashanah	Wed., Sept. 8	8:00 pm	Yom Kippur Morning	Sat., Sept. 18	10:00 am
Rosh Hashanah Morning	Thur., Sept. 9	10:00 am	Study		1:15 pm
Children's Service		3:00 pm	Healing Service		2:15 pm
Tashlich (at Main Beach)		4:30 pm	Children's Service		3:00 pm
Evening Service		6:00 pm	Afternoon, Yizkor & Neilah Services		4:00 pm
Rosh Hashanah Day 2	Fri., Sept. 10	10:00 am			

Date: _____

Name _____

Full Mailing Address _____

_____ **Zip** _____

Phone(s) _____ **FAX** _____

E-mail _____

Tickets: _____ @ \$400/adult (over 22) = \$ _____

Name of Each Ticketholder: _____

Please make check payable to *The Jewish Center of the Hamptons* OR

American Express/
 Visa/MasterCard # _____ Exp. _____

Name on card (if different from above) _____

Signature _____ **Zip** _____

Connection to The Jewish Center _____

- | | | |
|--|---|---|
| <input type="checkbox"/> Own | <input type="checkbox"/> Considering membership | <input type="checkbox"/> Attended JCOH |
| <input type="checkbox"/> Rent | <input type="checkbox"/> First time attending | previously |
| <input type="checkbox"/> Home | JCOH | <input type="checkbox"/> Camp Karole |
| <input type="checkbox"/> Vacation home | <input type="checkbox"/> First time attending HHD | <input type="checkbox"/> Religious School |
| <input type="checkbox"/> Visiting | | |

Present Synagogue Affiliation _____