



# The Jewish Center of the Hamptons

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## 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			

**Tickets for High Holy Day Services are included in your membership for you and your dependent children (ages 5-23).** If you have any questions regarding your membership status please call our Executive Director Diane Wiener at 631-324-9858.

To receive your High Holy Day tickets, please fill out the form below and return it to our office as soon as possible. Please confirm your preferred mailing address through **August 27th** (see bottom of sheet) so that your tickets can be mailed to you. If we receive your request after that date, your tickets will be available at The Jewish Center office.

Members may purchase additional tickets for their relatives at \$150 each

Thank you for your prompt attention. Please print clearly-illegible writing could cause a delay in ticket delivery. May this be a meaningful year of health and happiness for you, your family and friends.

I/We will be attending High Holy Days Services at The Jewish Center of the Hamptons

PLEASE SEND \_\_\_\_\_ ADULT MEMBER TICKETS FOR:

Name(s) \_\_\_\_\_

AND \_\_\_\_\_ TICKETS FOR MY/OUR DEPENDENT CHILDREN, AGE 5 THRU 23:

Name(s) \_\_\_\_\_

PLEASE SEND \_\_\_\_\_ ADDITIONAL TICKETS FOR MY/OUR RELATIVES AT \$150 EACH:

PLEASE SEND \_\_\_\_\_ ADDITIONAL TICKETS FOR NON-RELATIVES AT \$400 EACH:

Full name(s) \_\_\_\_\_

For these additional tickets, enclosed is my/our check # \_\_\_\_\_ in the amount of \$ \_\_\_\_\_ payable to The Jewish Center of the Hamptons **OR**

Please charge my: American Express/ MASTERCARD/VISA

No.: \_\_\_\_\_ Exp. Date \_\_\_\_\_

Signature \_\_\_\_\_ Credit Card Zip \_\_\_\_\_

**My/Our preferred full mailing address through August 27th is:**

\_\_\_\_\_ zip \_\_\_\_\_

For information regarding tickets, please call the office at (631) 324-9858 or see our website [www.jcoh.org](http://www.jcoh.org)

For JCOH Office Use:  Hold at Tent  Picked up \_\_\_\_/\_\_\_\_/\_\_\_\_  mailed \_\_\_\_/\_\_\_\_/\_\_\_\_