



Temple Emanu-El  
HIGH HOLY DAYS 2011/5772  
**Ticket Request Form**

**Please note that each non-member or additional ticket purchased will be  
OPEN SEATING**

Name \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

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

Home No. \_\_\_\_\_ Mobile No. \_\_\_\_\_

**Please select how many tickets you will need and for which Holiday**

**All Holidays**

*Rosh Hashanah & Yom Kippur* # of Tickets \_\_\_\_\_ x \$300.00 (non-member) = \_\_\_\_\_  
x \$200.00 (member) = \_\_\_\_\_

**Rosh Hashanah**

September 28,29,30 # of Tickets \_\_\_\_\_ x \$150.00 (non-member) = \_\_\_\_\_  
x \$100.00 (member) = \_\_\_\_\_

**Kol Nidre – Yom Kippur**

October 7,8 # of Tickets \_\_\_\_\_ x \$150.00 (non-member) = \_\_\_\_\_  
x \$100.00 (member) = \_\_\_\_\_

**TOTAL** = \_\_\_\_\_

**Payment Information**

VISA \_\_\_\_\_ MASTER \_\_\_\_\_ AMEX \_\_\_\_\_ CHECK \_\_\_\_\_  
(enclosed)

Credit Card Number \_\_\_\_\_ Exp. Date \_\_\_\_\_

Billing Address \_\_\_\_\_  
\_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**Temple Emanu-El of Greater Miami  
1701 Washington Avenue, Miami Beach, FL 33139  
305.538.2503 305.535.3134 (f)**