Beth Haverim Shir Shalom

280 RAMAPO VALLEY ROAD | MAHWAH, NEW JERSEY 07430
201-512-1983 | WWW.BETHHAVERIMSHIRSHALOM.ORG

Tammuz 5777 · July, 2017

Shalom,

Beth Haverim Shir Shalom invites your family and friends to join us at our
High Holy Day Services.

There is **no charge** for tickets for synagogue members, their spouses and dependent children. Tickets for relatives of members *(not part of family membership unit)* are $175 per person. Tickets for non-members are $320 per person.

Please complete the ticket request form below to reserve your tickets and parking passes. This form must be sent in to the synagogue office no later than **August 30, 2017. Tickets will not be issued unless you are members in good standing (i.e.: dues have been paid in full or 1st payment has been paid via payment plan option).**

There are two morning services on the first day of Rosh Hashanah and on Yom Kippur morning. The early services will start at 8:15 and the mid-morning services will start at 11:45. Additional information can be found on the Beth Haverim Shir Shalom web site, www.bethhaverimshirshalom.org.

There will be a special program for children in kindergarten through grade 6 during part of the Rosh Hashanah and Yom Kippur early morning services. There is room available for 25 students per grade so you must register in advance. The children's program will NOT be offered during the mid-morning services.

If you have any questions, please do not hesitate to call the synagogue office at 201-512-1983.
We look forward to sharing the High Holy Days with you and your family.

The Ritual Committee
Judy Teich, judy.teich@gmail.com & Debbie Royal, dsroyal@optonline.net,
Co-Chairs of Ritual Committee

Family Name _____

Number of tickets (no charge- immediate family) *choose one service per holiday*:

Rosh Hashanah: early service @ 8:15 a.m. _____ or late service @ 11:45 a.m. _____

Yom Kippur: early service @ 8:15 a.m. _____ or late service @ 11:45 a.m. _____

Number of parking passes needed_____

Number of tickets for relatives _____ x $175.00 = $_____ check enclosed_____ OR

Please charge the following CC card__ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ exp. date __ __/__ __

Please sign and print name_____   _____
                          signature   *print name*