

Huntington Jewish Center

Guest Ticket & Adult Children Ticket Request*

Must live 10 or more miles away from HJC

2024/5785

Congregant _____

Address _____

E Mail _____

for office use	
date _____	MC
Ck # _____	Visa

Adult Children of members (complimentary to up to age 30)

Name	Age
_____	_____
_____	_____
_____	_____
_____	_____

Guest Tickets

Please check appropriate box for **each** ticket

Name & Address of Guest

Must be completed

Rosh Hashanah	Yom Kippur & Kol Nidre	Both
\$75	\$75	\$100
<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"/>

1 _____

E-mail: _____
Relationship: _____
2 _____

E-mail: _____
Relationship: _____

* Tickets are limited and available on a first come, first served basis.
All requests must be approved before tickets will be issued.
Please see reverse side for eligibility.

OVER \Rightarrow