

# Non-Member & Member Guest Tickets (Page 1 of 2)

Please scan & email **both pages** of this form to [hhd@sholomchicago.org](mailto:hhd@sholomchicago.org) or fax it to **773-525-3502** or return it to:

**Temple Sholom of Chicago**

3480 N. Lake Shore Dr. | 2<sup>nd</sup> Fl. | Chicago, IL 60657



*Illuminating the Future  
Since 1867*

TICKETS	NUMBER	PRICE
<input type="checkbox"/> <b>Non-Member</b> For all High Holy Day Services	_____ x	\$250 = \$ _____
<input type="checkbox"/> <b>Guest of a Member</b> For all High Holy Day Services Please list Member name below (required): <input style="width: 400px; height: 20px;" type="text"/>	_____ x	\$180 = \$ _____
		FOR INTERNAL USE ONLY
<b>OTHER TICKET OPTIONS</b>		
<input type="checkbox"/> <b>Makom Age 21 – 34 (Non-Member)</b> For all High Holy Day Services and the <b>Makom High Holy Day Experience*</b> * <b>Makom High Holy Day Experience</b> includes tickets to all High Holy Day Services, coffee with Rabbi Gellman, and Break-Fast (off-site) following <i>Yom Kippur</i> Concluding Service	_____ x	\$80 = \$ _____
<b>JK – 3<sup>RD</sup> GRADE HIGH HOLY DAY CHILDREN’S EXPERIENCES</b>		
<input type="checkbox"/> <b>Rosh Hashanah</b> Please complete the reservation & payment form on last page		
<input type="checkbox"/> <b>Yom Kippur</b> Please complete the reservation & payment form on last page		
<b>OPEN TO THE COMMUNITY AT NO CHARGE</b>		
<input type="checkbox"/> <b>Student</b> For all High Holy Day services (current/ active ID required)	_____	FREE _____ -
<input type="checkbox"/> <b>Rosh Hashanah Tot Service</b> Sept. 30   4:00pm	_____	FREE _____ -
<input type="checkbox"/> <b>Second Day Rosh Hashanah Service</b> Oct. 1   10:30am	_____	FREE _____ -
<input type="checkbox"/> <b>Yizkor and N’ilah Service</b> Oct. 9   3:00pm	_____	FREE _____ -
		<b>TOTAL \$</b> _____

**DID YOU KNOW?**  
 Donors are eligible for **Free Guest Tickets**. To participate, contact Marla Krupman at **773-435-1535**.

# Non-Member & Member Guest Tickets (Page 2 of 2)

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## Temple Sholom of Chicago

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Please fill out the ticketholders' information below and include all members of your group. If you have additional guests, please attach another page.

Full Name		Full Name	
Address		Address	
Phone		Phone	
Email	Date of Birth	Email	Date of Birth

### PAYMENT OPTIONS TICKET ORDERS WILL NOT BE PROCESSED WITHOUT PAYMENT

**Check** Please include a check made payable to **Temple Sholom** when you return this form

**Credit Card**  VISA  MasterCard  AMEX  Discover

Credit Card #	Exp. Date	CVV Code
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Billing Name

Billing Address

Signature	Date (MM/DD/YY)
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Please return order form to Temple Sholom no later than  
**MONDAY | SEPT. 16.**

Tickets will be available for pick-up at  
Temple Sholom **Sept. 9 – Sept. 27.**

#### PICK-UP HOURS

Monday - Thursday | 10:00am – 4:00pm

Friday | 10:00am – 3:00pm

Tickets will also be  
available at **Will Call** (Lake  
Shore Drive entrance) one  
hour prior to the service.

#### FOR INTERNAL USE ONLY

Member ID \_\_\_\_\_

Membership Type \_\_\_\_\_

Total Commitment \$ \_\_\_\_\_

Date Received \_\_\_\_\_

Completed By \_\_\_\_\_

Date Posted \_\_\_\_\_