

ACTORS TEMPLE
 Congregation Ezrath Israel

High Holy Days 5771 Ticket Order Form

Name: _____

Address: _____

Phone: _____ Email: _____

<u>Ticket Type</u>	<u>Price</u>	<u>Quantity</u>	<u>Total \$</u>
Season Tickets (includes all days of the High Holy Days worship):			
Season Pass	\$225	x <input style="width: 40px;" type="text"/>	= \$ _____
AT Member Season Pass	\$125	x <input style="width: 40px;" type="text"/>	= \$ _____
Student Season Pass	\$ 30	x <input style="width: 40px;" type="text"/>	= \$ _____

**GRAND
 TOTAL**
 \$ _____

Note: Children under 13 are free.

Community Break the Fast: Free with High Holiday Tickets.

I will be bringing _____ people to the communal Break-fast.

Donations: I wish to make an additional donation to the Actors' Temple for the following amount: \$ _____

Membership: I wish to join The Actors' Temple. Single Membership \$75 _____ Family \$150 _____

Payment Type: Check enclosed Mastercard Visa American Express

Credit Card No: _____ Exp. Date: _____

Please mail tickets to: My address I prefer to pick-up. Please pick up tickets between 9 AM and 12 PM or call the office to make other arrangements.

We will also be offering a Children's Service and arts program, for a nominal fee (\$15/child) from 10:30 to 12:30 during each morning service. Please complete the section below so that we can provide arts materials for each child.

Child's Age	Days
_____	_____
_____	_____
_____	_____

**Please Fax the completed form to: 212-586-3025
 Or mail to: Actors Temple, PO Box 2620, NY, NY 10108**