**Please complete this form and return it with a check made payable to Chevrei Tzedek to the address above ATTN: High Holiday Committee**

Chevrei members and their children ages 25 and younger do not need tickets.

We offer complimentary tickets to members of other USCJ congregations.

We will not turn anyone away, but require advance registration for all who are not members of Chevrei Tzedek

**Questions or for more information: contact** us at 443-992-7485 or email [hh@CTbalt.org](mailto:hh@CTbalt.org) If you need accommodations, please complete the information on the reverse.

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Telephone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**# \_\_\_\_\_ Adults @ $100 attending Rosh Hashanah**

**#\_\_\_\_\_\_Adults @ $100 attending Yom Kippur**

**# \_\_\_\_\_ Family members of Chevrei Member @ $50 attending Rosh Hashanah**

**# \_\_\_\_\_ Family members of Chevrei Member @ $50 attending Yom Kippur**

**# \_\_\_\_\_ Young adults 25 and under ($36 for both holidays)**

**$ \_\_\_\_\_\_ Total Payment enclosed (check made out to Chevrei Tzedek).**

**Please tell us the names and ages of children 2-17, so that we may plan activities:**

***Seating Accommodations***

If you need special accommodations, please describe your request below. If you have questions, contact the shul at 443-992-7485 or at [hh@CTbalt.org](mailto:hh@CTbalt.org).

**Seats for morning services will only be reserved until 10:30 AM.**

**Which services do you plan to attend: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Please describe the accommodation you require. You are NOT required to describe the disability:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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