

Name _____ Date _____

Adat Chaim High Holiday Checklist Form

Check off each form you have included with your payment for High Holidays. Return all forms and your payment as soon as possible. In order to assist us in planning and preparation, please be sure to send everything back **no later than August 19th**.

____ Ticket Request amt. _____ [Include Ticket Request Form](#)

____ Book of Remembrance amt. _____ [Include Book Of Remembrance Form](#)

____ Buy a New Machzor amt. _____ [Include the Machzor Order Form](#)

____ Lulov and Etrog amt. _____ [Include the Lulov/Etrog Order Form](#)

Flowers Donation ____x \$18 amt. _____ [Thank You](#)

Miscellaneous Donation amt. _____ [Thank you for your generosity](#)

Total \$ _____

Make checks payable to: **Adat Chaim**

Or charge credit card: **MC VISA**

_____ - _____ - _____ - _____

Exp. Date _____

3 digit Security # from back of card _____

Mail to: Adat Chaim Synagogue

c/o Lynn Ruddle

10989 Red Run Blvd., Ste. 109

Owings Mills, MD 21117

Signature _____

Home Address _____

Recv'd by _____ recv'd date _____ check # _____ total amt \$ _____

Adat Chaim High Holiday Ticket Request

Members: A family membership includes two (2) High Holiday seats. A single membership includes one (1) High Holiday seat. Members may purchase extra seats for family members for \$100 each.

Non-members: Seats can be purchased at \$250 for all non-members who are not related to an existing Adat Chaim member.

Please fill out this form so we have accurate information on those who will be joining us for High Holidays this year. If you are purchasing extra seats for family members or non-members, please indicate their name, address and email. A ticket will be issued for each person. Seats will be assigned based on the location of your seat(s) last year unless you specify otherwise. Tickets will need to be presented at the door for admission.

1. Non-member ___adult ___child \$ _____
Name _____ Phone _____
Address/zip _____ E-mail _____

2. Non-member ___adult ___child \$ _____
Name _____ Phone _____
Address/zip _____ E-mail _____

3. Non-member ___adult ___child \$ _____
Name _____ Phone _____
Address/zip _____ E-mail _____

4. Non-Member: ___adult ___child \$ _____
Name _____ Phone _____
Address/zip _____ E-mail _____

No. of tickets needed _____

Ticket Amount Due \$ _____

Make extra copies of this form if needed.

Seat row _____ number _____

Recv'd by _____ recv'd date _____ check # _____ total amt \$ _____

2016

Adat Chaim Book of Remembrance Order Form

Please look over your ad from last year, if attached. Check below what size you want for this year and return this form with the rest of your paperwork **no later than August 19th**.

Fill in this form:

I want the same ad as last year _____yes _____ no (see additional changes below)

I did not have an ad last year, but would like one this year _____ Yes

One or two lines In Loving Memory of: _____
\$18 _____

¼ page: \$27 In Loving Memory of: _____
Approx. 2 ½ x 4 _____

½ page: \$54 In Loving Memory Of: _____
Approx. 5 x 4 _____

Full Page: \$72 In Loving Memory of: _____
Approx. 5 x 8 _____

Name _____ E-mail _____

Phone _____

Recv'd by _____ recv'd date _____ check # _____ amt. \$ _____

Adat Chaim Lulov and Etrog Order Form

Fulfill the Mitzvah of shaking your own Lulov and Etrog.

Order your set today. Each set is **\$54.00**. You will be notified by phone or email when to pick up your set(s) at the synagogue.

Please order me _____ Lulov/ Etrog set(s) at **\$54** each.

Total _____

Recv'd by _____ recv'd date _____ check # _____ amt. \$ _____

2016



Help us by purchasing at least two copies of our new Machzor Lev Shalom and include wording for your book plate.

\$36.00 per book

Wording for book plate:

Name _____

Phone _____

E-mail _____

recv'd by _____ rec'd date _____ check # _____ amount \$ _____

2016