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## REQUEST FOR GUEST TICKETS TO 2018/5779 HIGH HOLY DAYS SERVICES

ME	CMBER NAME:										
			Rosh Hashanah			Yom Kippur			Both Holidays		
	Guest's Name: Please Print	Relationship to Member: Please Print	Parent or Child (26 or older) of Member \$100	Other Family Guest \$175	Non Family Guest \$225	Parent or Child (26 or older) of Member \$100		Non- Family Guest \$225	Parent or Child (26 or older) of Member \$175	Other Family Guest \$300	Non Family Guest \$400
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mer	mbership.	s are entitled to a certain nux if you are a Premium Due								of Pro	emium

Enclosed is a check payable to Congregation Kol Ami in the amount of \$\_\_\_\_\_