

Please Note: Our policy is that all membership dues and fees for the previous year are paid in full in order to issue High Holy Days tickets. Thank you in advance for attending to your account payment.

PERSONAL INFORMATION - PLEASE PRINT:

Member Name(s) _____

Mailing Address _____

Phone Number home () - cell () -

E-mail _____

Help us keep our directory updated, please check here if any of the information above has changed in the past year

HIGH HOLY DAY SEATING & PARKING

Tickets will be mailed on or after **SEPTEMBER 16TH**, providing your account is current.

Congregants receive the following with fully-paid membership:

NUMBER OF ADULT TICKETS (1 ticket per adult member) _____ (NO CHARGE)

NUMBER OF CHILD TICKETS (1 ticket per child, aged 23 and under) _____ (NO CHARGE)

Guest Tickets available for purchase:

NUMBER OF TICKETS FOR CHILDREN (AGED 2-12) _____ @ \$ 36 = \$ _____

NUMBER OF TICKETS FOR INDEPENDENT CHILDREN (aged 13 and over) _____ @ \$100 = \$ _____

NUMBER OF TICKETS FOR PARENTS OF MEMBERS _____ @ \$100 = \$ _____

NUMBER OF ADULT GUEST TICKETS _____ @ \$360 = \$ _____

NUMBER OF YOUNG ADULT* (SINGLE - AGES 18-35) TICKETS _____ @ \$180 = \$ _____

*Young Adult Tickets include a one year membership to CNS

NUMBER OF STUDENTS (W/ COLLEGE ID) TICKETS _____ (NO CHARGE)

High Holy Day Parking:

RESERVED PARKING, in CNS lot (without reservations, shuttles are available to & from additional parking areas) _____ @ \$100 = \$ _____

RESERVATION FOR DISABLED PARKING (with valid DMV tag) _____ (NO CHARGE)

TOTAL AMOUNT DUE FOR TICKETS & PARKING \$ _____

Contact Wendy Kahn 503.293.7305 wkahn@nevehshalom.org with questions about tickets

***Completed membership packet required.**

LULAV & ETROG ORDER

I would like _____ Lulav/Etrog sets at \$48 each. **Prepayment must accompany registration, no billing allowed!.**

The office will contact you when the sets have arrived.

Contact Debbi Villani-Allen 503.246.8831 dvillani@nevehshalom.org with questions about lulav/etrog orders

MEMORIAL SERVICE BOOK 2016-17/5777

Please fill out required information COMPLETELY and return this form **with your check** by **Sept. 6th**. The names you send will be published in the Annual Memorial Book to be distributed at the Yom Kippur Memorial Service.

Choose one of these } Publish names **EXACTLY** the same as last year: NO CHANGES. Please enclose donation.
OR
 If ANY changes, list ALL (not just additional) names to be included. Complete STEP 3.

1. Name _____	5. Name _____
2. Name _____	6. Name _____
3. Name _____	7. Name _____
4. Name _____	8. Name _____

Names will be printed in the order given. Please list any additional names on another sheet of paper

Memorial offering enclosed \$ _____ (a donation of \$15 per name is requested)

Contact Darlene Arntson 503.246.8831 X135 darntson@nevehshalom.org with questions about the memorial book

CHILDCARE REGISTRATION

Enclose \$16/session for one child, \$28/session for two children, \$38/ three or more.

Prepayment must accompany registration, no billing allowed! Available for children ages 18m-5 yrs only.

Your child must be **pre-registered by September 6th**. Drop-in space is not guaranteed.

Name	Age	Rosh Hashanah 1 9am-1pm	Rosh Hashanah 2 9am-1pm	Yom Kippur 9am-1pm

Contact Karen Wilkins 503.246.8831 kwilkins@nevehshalom.org with questions about childcare

HIGH HOLY DAY GREETER SIGN UP

This High Holiday plan on getting your first mitzvah of the New Year done before the arc even opens!

Volunteer your time in honor of a friend who has touched, taught or inspired you. We will list their name in the

November chronicle and send them a special card. Our goal is to find 40 new greeters and we need your help.

Fill out this slip. We will e-mail you sign up time/date options. There will be a short optional training after Back-to-Shul.

Thank you!

I would like to help this High Holiday season! I will greet for a shift.

My e-mail (or phone if preferred for communication): _____

I am new to greeting- please pair me with someone who has greeted before

Name of person I would like to honor by greeting: _____

Address (if not a CNS member): _____

**Thank you for filling out this form. Please return this for to the office by September 6th.
 We look forward to seeing you at the services**