

**Please Note:** Our policy is that all membership commitments 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 **AUGUST 29TH**, 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 Marg Everett 503.246.8831 x112, meverett@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 Angie Peters 503.246.8831 apeters@nevehshalom.org with questions about lulav/etrog orders.

## MEMORIAL SERVICE BOOK 2018-19/5779

Please fill out required information COMPLETELY and return this form **with your check** by **August 13th**. 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 Below.

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 \$18 per name is requested)**

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

## CHILDCARE REGISTRATION

Enclose \$18/session for one child, \$30/session for two children, \$40/ three or more.

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

Your child must be **pre-registered by August 13th**. Drop-in space is not guaranteed.

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

Contact Lisa Richmond 503.246.8831 lrichmond@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 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 August 13th.  
 We look forward to seeing you at the services**