



CONGREGATION B'NAI JACOB

401 9th Street, Brooklyn, NY 11215 / Tel. 718-832-1266 / cbjparkslope@gmail.com

HIGH HOLIDAYS 5782

SEAT RESERVATIONS

- MEMBER SEATS\$100 (Sustaining members' seats are included with membership dues.)
- NON-MEMBER SEATS.....\$150
- FULL TIME STUDENTS.....\$75
- CHILDREN UNDER BAR/BAT MITZVAH AGE ..\$36 (if a reserved seat is required.)
- BAR/BAT MITZVAH TO AGE 18\$50

Please make checks payable to "CONGREGATION B'NAI JACOB" and submit them with this form. Please write "HH Seat" on the check. Seat reservations include all days of Rosh Hashanah and Yom Kippur.

PLEASE COMPLETE **ALL** INFORMATION BELOW

| | | | |
|--|------------|------------|---------|
| Your Name: | | Telephone: | |
| Email address: | | | |
| NUMBER AND TYPE OF SEATS DESIRED: | | | |
| MEMBER | NON-MEMBER | CHILD | STUDENT |
| Additional donation: \$ | | TOTAL \$ | |

| PLEASE INDICATE YOUR DESIRED SEAT NUMBERS BELOW** (See seating chart) | |
|---|---------------------------------|
| MEN'S SECTION | WOMEN'S SECTION |
| Seat # _____ reserved for _____ | Seat # _____ reserved for _____ |
| Seat # _____ reserved for _____ | Seat # _____ reserved for _____ |
| Seat # _____ reserved for _____ | Seat # _____ reserved for _____ |

If you want specific seats, you **MUST fill in the information above. **If it is left blank, seats will be assigned randomly. "SAME AS LAST YEAR" is equivalent to a BLANK response.** We will make every effort to accommodate your requests as closely as possible

MEN WHO WOULD LIKE TO BE HONORED WITH AN ALIYAH TO THE TORAH: PLEASE LET US KNOW AND WE WILL DO OUR BEST TO ACCOMMODATE. SUGGESTED MINIMUM DONATION IS \$72.

And PLEASE PROVIDE YOUR HEBREW NAME _____ ben _____