SHAAR SHALOM SYNAGOGUE

OFFSITE - HIGH HOLY DAY TICKET REQUEST FORM 2010/5771

Taking place at: Holiday Inn Hotel & Suites Toronto, Markham (Woodbine & Steeles)

1. PERSONAL INFORMATION (Tax receipt will be issued to this name) If other, indicate ❑ below.

Last Name: _____ First Name: _____

Address: _____ City: _____ Postal Code: _____

Home Phone #: _____ Business/Cell Phone #: _____/ _____

Email Address: _____ ❑ Add me to the Email-newsletter list.

TICKETS PRICES:

ADULTS: over 25 = **$180** YOUTH: 13 - 25 yrs. **=$100** CHILDREN: 6 - 12 yrs. = **$50**

5 AND UNDER: **NO CHARGE** BABYSITTING AVAILABLE

Lower Sanctuary at Shaar Shalom Synagogue based on availability $250.00 per seat

2. ADULT TICKET INFORMATION - **ADULTS - $180.00 per seat**

Name:_____ ❑ Cohen ❑ Levi ❑ Yisrael

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Name:_____ ❑ Cohen ❑ Levi ❑ Yisrael

3. YOUTH TICKET INFORMATION - **YOUTH (13-25) $100.00 /seat CHILDREN (6-12) $50.00 / seat**

Name:_____ Age: _____ ❑ Cohen ❑ Levi ❑ Yisrael

Name:_____ Age: _____ ❑ Cohen ❑ Levi ❑ Yisrael

4. CHILD(REN) 5 AND UNDER **No Charge,** but require a ticket for entrance.
Babysitting & Youth Programs provided. Please complete the information below.

Name_____ Age_____ Name_____ Age_____

Name_____ Age_____ Name_____ Age_____

4. PAYMENT INFORMATION

Total number of tickets for Offsite @ $180.00_____ $100.00 _____ $ 50.00 _____ Total = $ _____

Paid by: ❑ Cash ❑ Cheque ❑ Visa ❑ MasterCard

Visa/ MasterCard #: _____ **Expiry Date:** _____/_____

Name on Card: _____

Income Tax Receipts will be issued to name as above in Box # 1. Or indicate Name and Address ❑ below

_____ _____ _____ _____

Name (Please print) *Address* *City* *Postal Code*

FOR OFFICE USE ONLY: Ticket Number (s) _____ Mailing date: _____ Picked Up: ❑