



MEMBERS GUEST TICKET ORDER FORM

Each member household (regardless of married or single status) receives 2 FREE adult tickets. If you wish to purchase additional guest tickets beyond your allotted 2 free tickets, please complete the form below.

- All children under 18 years are FREE
- We encourage you to bring friends and family to services at Temple Kol Ami
- Guest tickets must be purchased by a Kol Ami member
- Tickets for college students and military personnel are FREE with ID

GUEST TICKET REQUEST INFORMATION

Member Name(s) _____
Member email address _____

Guest #1

First Name _____ Last Name _____
Mailing Address _____
City _____ State _____ Zip _____
Telephone Number _____
Email address _____

(If additional space is needed for guests, please use the back of this form.)

I am ordering guest tickets for:

Rosh Hashanah #___ Guest Tickets at \$75/non-member

Yom Kippur #___ Guest Tickets at \$75/non-member

PAYMENT INFORMATION

Check enclosed for \$ _____

Credit Card (if ordering by credit card, please add \$3 to your order) Visa MasterCard Amex Discover

Card Number Expiration Date Security Code

Total Amount \$ _____

Name of Cardholder _____

Billing Address _____

City _____ State _____ Zip _____

Cardholder Signature _____

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HIGH HOLY DAYS 2017-5778



ADDITIONAL GUESTS

Guest #2

First Name _____ Last Name _____
Mailing Address _____
City _____ State _____ Zip _____
Telephone Number _____
Email address _____

Guest #3

First Name _____ Last Name _____
Mailing Address _____
City _____ State _____ Zip _____
Telephone Number _____
Email address _____

Guest #4

First Name _____ Last Name _____
Mailing Address _____
City _____ State _____ Zip _____
Telephone Number _____
Email address _____

Guest #5

First Name _____ Last Name _____
Mailing Address _____
City _____ State _____ Zip _____
Telephone Number _____
Email address _____

Guest #6

First Name _____ Last Name _____
Mailing Address _____
City _____ State _____ Zip _____
Telephone Number _____
Email address _____

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NON-MEMBERS TICKET ORDER FORM

- Tickets are required for entrance to ALL services
- RSVPs are required for PreSchool Children's Service (\$18 donation suggested.)
- Childcare and K-3rd Grade services are available. Please see forms C and D.
- Member tickets are FREE. If you are interested in membership, please contact rabbi@templekolami.org about our 30% discount for new members and past members with current non-member status.

NON-MEMBER TICKET REQUEST INFORMATION

First Name _____ Last Name _____
 Mailing Address _____
 City _____ State _____ Zip _____
 Telephone Number _____
 Email address _____

I/WE WILL BE ATTENDING THE FOLLOWING SERVICES:

Rosh Hashanah #___ Tickets at \$180/non-member adult
 Yom Kippur #___ Tickets at \$180/non-member adult

Rosh Hashanah PreSchool Service #___ RSVPs/non-member child*
 Yom Kippur PreSchool Service #___ RSVPs/non-member child*

*An \$18/child donation is suggested. Thank you for supporting our Temple.

How did you find out about High Holy Days at Temple Kol Ami?

- Check this box to receive our email newsletter with information about High Holy Days, Tikkun Olam opportunities, Boomer events, Religious School, eBrew lessons, adult education & more
- Please contact me about receiving a special new member discount of 30% off membership at Temple Kol Ami

PAYMENT INFORMATION

Check enclosed for \$ _____
 Credit Card (if ordering by credit card, please add \$3 to your order) Visa MasterCard Amex Discover
 Card Number Expiration Date Security Code _____
 Total Amount \$ _____
 Name of Cardholder _____
 Billing Address _____
 City _____ State _____ Zip _____
 Cardholder Signature _____

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CHILDCARE AGES 2 TO PRE-K

Childcare is FREE for Temple Kol Ami members as well as children currently enrolled in TKA's Early Childhood Center. The non-member childcare fee is \$25/child. ADVANCED REGISTRATION IS REQUIRED BY SEPTEMBER 13. Please note: sick children *will not* be accepted.

Temple Kol Ami provides childcare for children ages 2 to Pre-K by the Arizona Lullaby Guild, the area's premier professional babysitting service. Your child will be safe and entertained in the care of licensed professionals for approximately 3 hours while you attend services. Snacks and activities will be provided. Please provide your own snack if your child has a food allergy. Bring all necessary wipes or diapers. Drop off time is 9:15AM. Services begin at 10AM. **Fill out the form below and return with payment by Monday, September 13, 2017.**

PARENT INFORMATION

First Name _____ Last Name _____
 Mailing Address _____
 City _____ State _____ Zip _____
 Telephone Number _____
 Email address _____

CHILDRENS' INFORMATION

Child's Name _____ Age _____
 Allergies/Special Needs _____

Child's Name _____ Age _____
 Allergies/Special Needs _____

TOTAL NUMBER OF CHILD REGISTRATIONS

	Member	Non-Member
Rosh Hashanah Childcare	# ___ at free/member child	# ___ \$25/non-member child
Yom Kippur Childcare	# ___ at free/member child	# ___ \$25/non-member child
	Total ___	Total ___

PAYMENT INFORMATION

Check enclosed for \$ _____
 Credit Card (if ordering by credit card, please add \$3 to your order) Visa MasterCard Amex Discover
 Card Number Expiration Date Security Code _____
 Total Amount \$ _____
 Name of Cardholder _____
 Billing Address _____
 City _____ State _____ Zip _____
 Cardholder Signature _____

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CHILDREN'S SERVICE FOR K TO 3RD GRADE

K-3RD Grade Services, led by KATY and Director of Youth Engagement Carly Kastner, are for Temple Kol Ami Religious School students only. Registration is required. Please complete this form.

Kindergarten through 3rd graders will participate in specially-designed youth programs during the 10AM Rosh Hashanah and Yom Kippur services. Under the supervision of Carly Kastner, 7th to 12th grade members ofg KATY, the Kol Ami teen youth group, will lead children's services. Services include a variety of engaging, interactive activities that reinforce holiday themes. Children will enjoy learning and praying together, discovering ways to relate Torah themes to their moden lives through games, music, food tastings and holiday crafts.

Students will rejoin parents and the rest of the congregation for the remainder of both Rosh Hashanah and Yom Kippur services after being called to the bima for a children's Aliyah during the reading of the Torah.

Please note that 4th through 6th grade students are strongly encouraged to attend adult ser- vices with their parents in preparation for B'nai Mitzvah.

Fill out the form below by Wednesday September 13, 2017.

PARENT INFORMATION

Parent(s) Name(s) _____
Telephone Number (to call during services) _____ Email address _____

CHILDRENS' INFORMATION

Child's Name _____ Age _____
Allergies/Special Needs _____

Child will attend children's services on: Rosh Hashanah (Sept. 21) Yom Kippur (Sept. 30)

Child's Name _____ Age _____
Allergies/Special Needs _____

Child will attend children's services on: Rosh Hashanah (Sept. 21) Yom Kippur (Sept. 30)

Child's Name _____ Age _____
Allergies/Special Needs _____

Child will attend children's services on: Rosh Hashanah (Sept. 21) Yom Kippur (Sept. 30)

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YIZKOR FORM MEMORIAL BOOKS & NAMES TO BE READ

It is a mitzvah to remember loved ones who have departed, not only on the anniversary of their passing, but also during the Yizkor service, held Yom Kippur afternoon. This is our opportunity as a community to remember, honor and say prayers for those who can no longer do it for themselves. Information is due by Monday, September 11, 2017.

Each year, Kol Ami prepares two documents remembering those who have departed:

MEMORIAL BOOK: Distributed to congregants during the Yizkor service. Use the front of this form to add names to the memorial book.

LIST OF NAMES TO BE READ ALOUD & MEMORIALIZED AT SERVICES: Use the back of this form to share names to add a name to the list and schedule Yahrzeit reminders.

MEMORIAL BOOK ORDERS

Your name:

Please print exactly as you wish names to be printed.

Names of those to be inscribed (one name per line, please):

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Being remembered by:

Please print my blessing/wish on:

_____ Full Page ad \$360 _____ 1/2 Page ad \$180
 _____ 1/4 Page ad \$90 _____ Roll of Memory \$54 per name (Alphabetical list of names, not boxed)
 Total \$ _____

PAYMENT INFORMATION

Check enclosed for \$ _____
 Credit Card (if ordering by credit card, please add \$3 to your order) Visa MasterCard Amex Discover
 Card Number Expiration Date Security Code
 Total Amount \$ _____
 Name of Cardholder _____
 Billing Address _____
 City _____ State _____ Zip _____
 Cardholder Signature _____

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NAMES TO BE READ ALOUD AT YIZKOR ON YOM KIPPUR

Please list the names of those family members who have passed away since last Yom Kippur, so that they may be read aloud during Yizkor services. It is the Temple's honor to read these names aloud and send Yahrzeit reminders every year to Kol Ami members.

Please note: we cannot process Yahrzeit dates without the year of birth.

Name _____ Relationship to You _____ Date & Year of Birth _____

Name _____ Relationship to You _____ Date & Year of Birth _____

Name _____ Relationship to You _____ Date & Year of Birth _____

Name _____ Relationship to You _____ Date & Year of Birth _____

Name _____ Relationship to You _____ Date & Year of Birth _____

Name _____ Relationship to You _____ Date & Year of Birth _____

Name _____ Relationship to You _____ Date & Year of Birth _____

Name _____ Relationship to You _____ Date & Year of Birth _____

Name _____ Relationship to You _____ Date & Year of Birth _____

Name _____ Relationship to You _____ Date & Year of Birth _____

I would like to receive a Yahrzeit reminder each year on the (please select only one):

Gregorian date of death

Hebrew date of death

ALL INFORMATION IS DUE BY MONDAY, SEPTEMBER 11, 2017.

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YIZKOR MEMORIAL BOOK AD SIZE EXAMPLES

Our Yizkor Memorial Book is a 5.5" X 8.5" publication. Full page, half page and quarter page ad sizes are available as listed below. Please use Form E for ordering.

Forms are due Monday, September 11, 2017.

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Temple Kol Ami 15030 N. 64th Street Scottsdale, AZ 85254 480-951-9660 tkaoffice@templekolami.org



PLAQUE ORDERS: MEMORIAL GARDEN & TREE OF LIFE

Support Temple Kol Ami by remembering loved ones and special occasions via two types of memorial plaques:

MEMORIAL GARDEN: Outdoors, on Temple Kol Ami grounds **TREE OF LIFE:** Located in Temple Kol Ami lobby
Please complete one order form per plaque. Please copy this form for additional orders.

YOUR INFORMATION

Member Name(s) _____
 Telephone Number _____
 Member email address _____

MEMORIAL GARDEN PLAQUE ORDER

Please print exactly as you wish names to be printed.

In memory of (English Name) _____

Hebrew Name (Hebrew or transliteration) _____

Son/Daughter of (Hebrew or transliteration) _____

Date of Death, including year _____ Before Sunset After Sunset

Total per plaque: \$180/each

TREE OF LIFE PLAQUE ORDER



Our Tree of Life commemorates many occasions. In addition to memorializing departed loved ones, you may also choose to celebrate a Bar or Bat Mitzvah, graduation, birthday, wedding, birth, etc. Maximum of 4 lines.

Line 1 (15 characters, including spaces) _____

Line 2 (22 characters, including spaces) _____

Line 3 (22 characters, including spaces) _____

Line 4 (date, i.e. 10/12/2017)

Total per plaque: \$250/gold leaf \$200/silver leaf

PAYMENT INFORMATION

Check enclosed for \$ _____

Credit Card (if ordering by credit card, please add \$3 to your order) Visa MasterCard Amex Discover

Card Number Expiration Date Security Code

Total Amount \$ _____

Name of Cardholder _____

Billing Address _____

City _____ State _____ Zip _____

Cardholder Signature _____

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URJ RECIPROCITY FORM COURTESY SEATING REQUEST

NON-MEMBER COURTESY TICKET REQUEST INFORMATION

First Name _____ Last Name _____
 Mailing Address _____
 City _____ State _____ Zip _____
 Telephone Number _____
 Email address _____

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- Check this box to receive our email newsletter with information about High Holy Days, Tikkun Olam opportunities, Boomer events, Religious School, eBrew lessons, adult education & more
- Please contact me about receiving a special new member discount of 30% off membership at Temple Kol Ami

I/WE REQUEST COURTESY SEATING AT TEMPLE KOL AMI SERVICES FOR:

Rosh Hashanah #___ Complimentary Tickets
 Yom Kippur #___ Complimentary Tickets

We will verify that you are in good-standing at your home synagogue.

YOUR SYNAGOGUE'S INFORMATION

Congregation Name _____
 Mailing Address _____
 City _____ State _____ Zip _____
 Telephone Number _____
 Fax _____
 Name of Contact Person _____

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