



HIGH HOLY DAYS FORM

DUE BY SEPTEMBER 7, 2023



MEMBER GUEST TICKET ORDER FORM

Each member household (regardless of married or single status) receives 2 FREE adult tickets. Your tickets are enclosed in this package. If you wish to purchase additional guest tickets beyond the allotted 2 free tickets, please complete the form below. Guest tickets are valid for both in-person and online services.

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

GUEST TICKET REQUEST INFORMATION PLEASE PRINT ALL INFORMATION

The back of this form has space for 5 additional guests -- please use if needed.

Member Name(s) _____

Member email address _____

Guest #1

First Name _____ Last Name _____

Mailing Address _____

City _____ State _____ Zip _____

Telephone Number _____

Email address _____

I am ordering guest tickets for:

Rosh Hashanah # _____ Guest Tickets at \$90/non-member

Yom Kippur # _____ Guest Tickets at \$90/non-member

Total: \$ _____

PAYMENT INFORMATION

Check enclosed for \$ _____

Credit Card (there is a 4% administration charge with credit card use) ☐ Visa ☐ MasterCard ☐ Amex ☐ Discover

Card Number _____ Expiration Date _____ Security Code _____

Total Amount \$ _____

Name of Cardholder _____

Billing Address _____

City _____ State _____ Zip _____

Cardholder Signature _____

PLEASE COMPLETE AND RETURN TO TKA BY SEPTEMBER 7



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ADDITIONAL GUESTS *PLEASE PRINT ALL INFORMATION*

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 _____

PLEASE COMPLETE AND RETURN TO TKA BY SEPTEMBER 7



NON-MEMBERS TICKET ORDER FORM

- **Tickets are required for entrance to ALL services held at Chaparral Church**
- Registration is required to attend Preschool Service. Please see below
- Childcare for ages 2 – Pre-K is available. Please complete [Form C](#)
- Member tickets are FREE. To join Temple Kol Ami, please contact rabbi@templekolami.org

NON-MEMBER TICKET REQUEST INFORMATION PLEASE PRINT ALL INFORMATION

The back of this form has space for 5 additional guests -- please use if needed.

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

I/WE WILL BE ATTENDING THE FOLLOWING SERVICES:

Rosh Hashanah Service	# _____	Tickets at \$180/non-member adult	RH/YK
Yom Kippur Service	# _____	Tickets at \$180/non-member adult	subtotal: \$ _____
Rosh Hashanah Preschool Service	# _____	\$18/non-member child	Preschool
Yom Kippur Preschool Service	# _____	\$18/non-member child	subtotal: \$ _____
			Total: \$ _____

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

☐ Check this box to receive our email newsletter with Temple news and events.

PAYMENT INFORMATION

Check enclosed for \$ _____
Credit Card (there is a 4% administration charge with credit card use) ☐ Visa ☐ MasterCard ☐ Amex ☐ Discover
Card Number _____ Expiration Date _____ Security Code _____
Total Amount \$ _____
Name of Cardholder _____
Billing Address _____
City _____ State _____ Zip _____
Cardholder Signature _____
Phone Number _____ Email Address _____

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B

ADDITIONAL GUESTS *PLEASE PRINT ALL INFORMATION*

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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CHILDCARE AGES 2 TO PRE-K

- **NO REFUNDS OR CANCELLATIONS. SICK CHILDREN WILL NOT BE ACCEPTED AT THE DOOR**
- 9:15 AM drop-off time following Preschool Services
- Snacks and activities will be provided. If your child has a food allergy, please provide your own snack
- Please provide all necessary wipes and diapers

PARENT INFORMATION

☐ Member ☐ Non-Member

First Name _____ Last Name _____

Mailing Address _____

City _____ State _____ Zip _____

Parent Phone #1 _____ Parent Phone #2 _____

Email address _____

PLEASE NOTE: PARENTS WILL BE CALLED DURING SERVICE IN CASE OF AN EMERGENCY

CHILDREN'S INFORMATION

Child's Name _____ Age _____

Allergies/Special Needs _____

Child's Name _____ Age _____

Allergies/Special Needs _____

TOTAL NUMBER OF CHILDCARE REGISTRATIONS

	Member / ECC Students
Rosh Hashanah Childcare	#___ \$20 for TKA & ECC
Yom Kippur Childcare	#___ \$20 for TKA & ECC

Non-Member Children
#___ \$40/non-member child
#___ \$40/non-member child

Total: \$_____

PAYMENT INFORMATION

Check enclosed for \$ _____

Credit Card (there is a 4% administration charge with credit card use) ☐ 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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K – 3RD-GRADE HIGH HOLY DAY CAMP

**THIS PROGRAM IS ONLY AVAILABLE TO TKA MEMBER FAMILIES
AND IS DESIGNED FOR CHILDREN AGED K-3RD GRADE**

Children aged Kindergarten through 3rd Grade will participate in specially-designed youth programs during the (10:00AM) Rosh Hashanah and Yom Kippur services. Your children will enjoy experiencing the holidays through music, crafts, and fun activities curated by Youth Engagement Director Carly Kastner.

Students will rejoin parents and the rest of the congregation for the remainder of both Rosh Hashanah and Yom Kippur services after being called for a blessing during the reading of the Torah.

2023/2024 Health Forms MUST be completed/submitted in order to attend.

TEEN COUNSELORS NEEDED

8th–12th graders are invited to volunteer in our HHD Camp for community service hours. Teens who sign up to help are expected to remain in the room for the duration of the service. (If a teen has an aliyah or honor during the service, they will be excused during that time.)

HIGH HOLY DAY CAMP ONLINE REGISTRATION & HEALTH FORMS:
templekolami.org/hhdcamp

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YIZKOR NAMES TO BE READ ALOUD

- **AVAILABLE TO KOL AMI MEMBERS ONLY**
- Names will be read aloud during Yom Kippur Yizkor services

FAMILY MEMBER INFORMATION

Please list the names of family members who have **passed away since last Yom Kippur (2022)** 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 PRINT ALL INFORMATION

Name _____

Phonetic Spelling _____

Relationship to You _____ Date of Death _____

Name _____

Phonetic Spelling _____

Relationship to You _____ Date of Death _____

Name _____

Phonetic Spelling _____

Relationship to You _____ Date of Death _____

Name _____

Phonetic Spelling _____

Relationship to You _____ Date of Death _____

Name _____

Phonetic Spelling _____

Relationship to You _____ Date of Death _____

YAHARZEIT REMINDER

please select one answer only

I would like to receive a Yahrzeit reminder each year on the:

☐ Gregorian date of death

☐ Hebrew date of death

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MEMORIAL GARDEN PLAQUE



TREE OF LIFE PLAQUE



SEE REVERSE SIDE FOR DETAILS AND ORDER FORM

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F

PLEASE PRINT ALL INFORMATION CLEARLY AND EXACTLY AS YOU WISH IT TO BE DISPLAYED

MEMORIAL GARDEN PLAQUE

☐ \$360 (Individual plaque with 4 possible lines)

Member Name for Billing Purposes _____

In Memory of (English Name) _____

Hebrew Name (Hebrew Transliteration) _____

If you do not know the Hebrew name or dates, we can print a short saying or include a star of david instead.

Date of Birth _____ Date of Death _____

TREE OF LIFE PLAQUE

Please select your leaf color: ☐ \$360 – Gold Leaf ☐ \$270 – Silver Leaf ☐ \$180 – Bronze Leaf

Line 1 (15 characters *including spaces*) _____

Line 2 (22 characters *including spaces*) _____

Line 3 (22 characters *including spaces*) _____

Line 4 (date, i.e. 09/06/2021) ____ / ____ / ____

PAYMENT INFORMATION

Memorial Garden Plaque \$ _____ Tree of Life Leaf Plaque \$ _____ **Total \$** _____

Check enclosed for \$ _____

Credit Card (there is a 4% administration charge with credit card use) ☐ 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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RECIPROCITY FORM COURTESY SEATING REQUEST

If you belong to another synagogue and wish to attend services with TKA:

Contact your temple and request that they email us at tkaoffice@templekolami.org with the *name* and *contact information* of each adult member in good standing that is seeking a reciprocal ticket. Children under 18 are free.

First Name _____ Last Name _____

Mailing Address _____

City _____ State _____ Zip _____

Telephone Number _____

Email Address _____

If you belong to Temple Kol Ami and wish to attend services at another Reform synagogue, please complete this section.

Your Name: _____

I/WE REQUEST COURTESY SEATING AT ANOTHER SYNAGOGUE FOR:

Rosh Hashanah #____ Complimentary Tickets

Yom Kippur #____ Complimentary Tickets

RECIPROCATING SYNAGOGUE'S INFORMATION

Please contact the synagogue and verify that they are accepting guests

Congregation Name _____

Mailing Address _____

City _____ State _____ Zip _____

Telephone Number _____

Fax _____

Name of Contact Person _____

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PRESCHOOL SERVICE

- **Registration is required to attend Preschool Services**
- Rosh Hashanah and Yom Kippur Preschool services are included with TKA Membership
- Non-Members wishing to attend must register using [Form B](#)

FAMILY MEMBERS ATTENDING PRESCHOOL SERVICES *PLEASE PRINT ALL INFORMATION*

First Name _____ Last Name _____
Attending the following Preschool Service/s ☐ Rosh Hashanah ☐ Yom Kippur

First Name _____ Last Name _____
Attending the following Preschool Service/s ☐ Rosh Hashanah ☐ Yom Kippur

First Name _____ Last Name _____
Attending the following Preschool Service/s ☐ Rosh Hashanah ☐ Yom Kippur

First Name _____ Last Name _____
Attending the following Preschool Service/s ☐ Rosh Hashanah ☐ Yom Kippur

First Name _____ Last Name _____
Attending the following Preschool Service/s ☐ Rosh Hashanah ☐ Yom Kippur

First Name _____ Last Name _____
Attending the following Preschool Service/s ☐ Rosh Hashanah ☐ Yom Kippur

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