

# Temple Beth Chai High Holiday 2019/ 5780 Ticket Order Form

Name:

Mailing Address:  City:

State:  Zip code:  Email address:

Telephone:  Telephone:

Number of Adult Tickets Requested: (14 & older)  X \$150. =

Number of Children under 14 years old  No Charge

Book Of Remembrance (per name)  X \$18. =

Total :

Payment Information:  Check  VISA  MasterCard

Make check payable to: Temple Beth Chai Amount enclosed / charged

Name on Credit Card

Credit Card Account #  Exp. Date

### Book Of Remembrance Entry (Type or Print Clearly)

<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

Enter Your Name or Family Name as it is to be listed in Book Of Remembrance:

Email or mail to:

**Temple Beth Chai**

Administrative Office

5571 No. University Drive, Suite 101

Coral Springs, FL 33067

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