



HIGH HOLY DAYS RESERVATION FORM

Name(s) _____

Mailing Address _____

Email: _____

Daytime Phone: _____ Evening Phone: _____ Cellphone: _____

Please indicate the total number of people attending:

Rosh Hashanah Day 1 _____

Rosh Hashanah Day 2 _____

Yom Kippur _____

Yom Kippur Break-fast _____

Please list the names and ages of children attending: _____

- Seats for members are included with CSH membership as follows: 1 adult seat for Individual/Single Parent membership, 2 adult seats for all other membership categories. Seats for children through college age are included in all memberships.
- Non-member and guest seats for Rosh Hashanah and/or Yom Kippur are \$175 per adult. There is no charge for children under 18 living at home.

Number for break-fast _____ at \$20 per person \$ _____

Number of guest seats _____ at \$175 per person \$ _____

Contribution to High Holy Day Appeal

\$5000__ \$3600__ \$1800__ \$1000__ \$540__

\$360__ \$180__ \$72__ other__ \$ _____

TOTAL ENCLOSED \$ _____

*Please pay online or by check payable to **Conservative Synagogue of the Hamptons**
and **mailed together with this form to:***

CSH, P.O. Box 1196, Bridgehampton, New York 11932-1196

We depend upon volunteers to make our services on these Days of Awe meaningful and beautiful. Please indicate if you are willing to help with any of the following:

- | | | |
|-----------------------------------|-----------------------------------|--------------------------------------------|
| <input type="checkbox"/> Planning | <input type="checkbox"/> Clean up | <input type="checkbox"/> Chanting Torah |
| <input type="checkbox"/> Set up | <input type="checkbox"/> Ushering | <input type="checkbox"/> Chanting Haftarah |