

Congregation Netivot Shalom
1316 University Ave • Berkeley, CA 94702
510-549-9447 • Fax: 510-549-9448 • administrator@netivotshalom.org

Yamim Nora'im 5779 Non-Member Pass Order Form

* **No one is denied access to our services because of an inability to pay.** However, it is crucial that arrangements be made in advance - whether or not one is contributing as requested. If you need any special financial arrangements please do not hesitate to contact our Administrator, Vered Cohen, at 510-549-9447 ext. 105, or via email at administrator@netivotshalom.org, by August 27th, 2018.

* Because our capacity is somewhat reduced this year, we are not planning to offer single-service 'tickets' unless and until we know that we can accommodate all who desire passes to all of the services.

* **Please keep in mind that a synagogue is a year-round and life-long enterprise. We ask non-members to contribute the amounts below to help keep our community sustainable and accessible for all.**

| | | |
|---|---|------------------------------|
| Passes: | _____ Adults for all holidays | @\$300 each = \$ _____ |
| | _____ Young Adults (25 – 30) for all holidays | @\$105 each= \$ _____ |
| | _____ Youth, Students, & College Age Adults (12-24) | @ \$20 each = \$ _____ |
| | _____ *Children under 12 (not yet entered 7 th grade)* | see reverse = \$ _____ |
| _____ Total Passes (ALL NAMES MUST BE LISTED ON REVERSE) | | Total Cost = \$ _____ |

*For children under 12, please see separate Childcare & Youth Schedule; register on reverse of this form.

Name & Contact Information:

Name(s): _____

E-Mail: _____ Phone: _____

Address: _____

Payment

Check enclosed Electronic check ordered Paid online Charge my credit card (reverse)

Name(s) of Attendees (Last, first). Please include age for attendees under 30 years old.

| | |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

Credit Card Payment Charge my card in the amount of \$ _____, as detailed on the reverse.

Name on card: _____ Card Type(V/MC): _____

Account Number: _____ Security Code: _____ Expiration Date: ____/____

Address of account holder: _____

City/State/Zip: _____

Phone Number: _____ Email: _____

Signature: _____

Childcare/Youth Activities: Circle each amount that applies, fill in total, and include on reverse of form:
Deadline for registration and payment for these activities is Monday, August 27, 2018

| | <u>1stChild</u> | <u>2ndChild</u> | <u>3rdChild</u> | <u>Total</u> |
|--|-----------------|-----------------|-----------------|--------------|
| All Programs Pass | \$135.00 | \$130.00 | \$130.00 = | \$_____ |
| Rosh Hashanah–Day 1 (Mon, September 10, 9:00 am to 1:30 pm) | \$36.00 | \$31.00 | \$31.00 = | \$_____ |
| Rosh Hashanah–Day 2 (Tues, September 11, 9:00 am to 1:30 pm) | \$36.00 | \$31.00 | \$31.00 = | \$_____ |
| Erev Yom Kippur/Kol Nidre (Tues, September 18, 6:30 pm to 8:30 pm) | \$15.00 | \$13.00 | \$13.00 = | \$_____ |
| Yom Kippur Day (Wed, September 19, 9:00 am to 1:30 pm) | \$36.00 | \$31.00 | \$31.00 = | \$_____ |
| Yom Kippur Evening/Neilah (Wed, September 19, 6:30 pm to 8:00 pm) | \$15.00 | \$13.00 | \$13.00 = | \$_____ |

Total cost of Childcare & Youth (enter on reverse) = \$_____

Dietary Restrictions: Food will be vegetarian and nut free. Please advise us of dietary restrictions:

Child _____: Vegan Gluten Free Dairy Free Allergies: _____

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 נתיבות שלום

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