Congregation Rinat Yisrael

High Holiday Seating Order Form 5769/2008

Name _____ **Telephone** _____

Address _____ **E-Mail** _____

Check One Box Only	
Membership Status	
Member	
Affiliate	
Non-Member	

Check All Applicable Boxes		
Last Year's Seats	**Men**	**Women**
Upstairs		
Downstairs		
Whittier		
K'Vatikin		
Other		

	Check One Box per Person			Check One Box per Person				Additional Information	
	Dates			**Location**				**Children**	**Guests**
Men's Names	**RH & YK**	**RH only**	**YK only**	**Up Stairs**	**Down Stairs**	**Whittier**	**K'Vatikin**	**Grade in Fall**	**Relationship of Guest**
Total Men's Seats									

	Check One Box per Person			Check One Box per Person				Additional Information	
	Dates			**Location**				**Children**	**Guests**
Women's Names	**RH & YK**	**RH only**	**YK only**	**Up Stairs**	**Down Stairs**	**Whittier**	**K'Vatikin**	**Grade in Fall**	**Relationship of Guest**
Total Women's Seats									

			RESERVATION RETURNED BY				
Payment Category	**Number of Seats**		**1-Aug**	**1-Sep**	**After Sep. 1**		**Amount Due**
Members (RH *and* YK)	_____	x	$100	$150	$200	=	_____
Members (RH *or* YK, only)	_____	x	$75	$125	$150	=	_____
Affiliates and Non-Members (RH *and* YK)	_____	x	$200	$300	$400	=	_____
Affiliates and Non-Members (RH *or* YK, only)	_____	x	$150	$250	$300	=	_____
	Total Amount Due					=	

Full payment *must* accompany each order.

Checks may be post-dated not later than **September 22, 2008**.

Please make checks payable to **Congregation Rinat Yisrael** and mail with order form to:

Congregation Rinat Yisrael
389 West Englewood Avenue
Teaneck, NJ 07666
Attention: Seats