

Town of Oyster Bay Chabad
678 Woodbury Road, Woodbury, NY 11797
High Holidays 2014 Seat Registration Form

Membership: **\$770.00** (covers 4 seats) Friend: **\$500** (covers 2 seats) Individual seat: **\$89**

Please fill in **ALL** information for **EVERY** person listed, and **PRINT CLEARLY!**

Note: Each paid registered "Child" gets a seat in the Sanctuary Tent & in Junior Congregation.
Each non-paid listed "Child" gets only a seat in Junior Congregation.

Schedule of services will be emailed to registrants one week prior to the holidays.

Name: _____ Male Female Child
Address: _____ City: _____ State: _____ Zip: _____
Phone: _____ **E-Mail:** _____
Will be attending Services on Rosh Hashana Yom Kippur

Name: _____ Male Female Child
Address: _____ City: _____ State: _____ Zip: _____
Phone: _____ **E-Mail:** _____
Will be attending Services on Rosh Hashana Yom Kippur

Name: _____ Male Female Child
Address: _____ City: _____ State: _____ Zip: _____
Phone: _____ **E-Mail:** _____
Will be attending Services on Rosh Hashana Yom Kippur

USE SIDE 2 OF THIS FORM FOR ADDITIONAL NAMES & ADDRESSES.

IF YOU HAVE A SEATING PREFERENCE, PLEASE SUBMIT YOUR REGISTRATION FORM AND FULL PAYMENT BY **JULY 10TH**, BECAUSE ALL SEATS ARE ASSIGNED ON A "FIRST COME FIRST SERVED" BASIS.

We cannot hold any seat or assign any seat without proper registration & payment in full.

If you add someone to your group later on, we might need to seat them in a different row if there are no more available seats next to yours. Your understanding is appreciated.

- 1) Same seat as last year? Yes No preference
- 2) Would like to sit with/near: _____
- 3) Would you consider volunteering during the High Holidays this year? Yes No

We cannot accommodate any special seating needs.

Number of Seats: Men: _____ Women: _____ Children: _____ \$ _____

Including: **Membership Fee** **Friend Fee** \$ _____

Total Due: \$ _____

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THIS SECTION FOR T.O.B.C. OFFICE USE ONLY: AMT PAID \$ _____ ENTERED IN CMS & H.H. FILTER

CASH CREDIT CARD CHECK (# _____) DATE FORM RECEIVED: _____ INITIALS: _____

Seat Registration Continuation Page

PLEASE LIST ADDITIONAL PEOPLE IN YOUR GROUP BELOW

Name: _____ Male Female Child
Address: _____ City: _____ State: _____ Zip: _____
Phone: _____ **E-Mail:** _____
Will be attending Services on Rosh Hashana Yom Kippur

Name: _____ Male Female Child
Address: _____ City: _____ State: _____ Zip: _____
Phone: _____ **E-Mail:** _____
Will be attending Services on Rosh Hashana Yom Kippur

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Address: _____ City: _____ State: _____ Zip: _____
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Address: _____ City: _____ State: _____ Zip: _____
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