

The Lower Merion Synagogue • 2009-2010 HIGH HOLIDAY SEATING FORM • 5770

DATE RECEIVED	MEMBERSHIP
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NAME(S): _____

EMAIL: _____
PHONE: _____

Full Membership Seating

___ I am a full member-in-good-standing and would like seats in the:
 ___ MAIN SANCTUARY ___ BEIT MIDRASH ___ SEPHARDIC MINYAN (in lower level)
 ___ I will be here for **Rosh Hashanah only**: ___ First day ___ Second day
 ___ I will be here for **Yom Kippur only**.
 ___ I **will not** be here for the Holidays.

Please indicate the number and type (Men or Women) of seats and on which days of Yom Tov you will need them

FULL MEMBERS	ROSH HASHANAH		YOM KIPPUR	
FAMILY (2 seats)	M _____	W _____	M _____	W _____
SINGLE (1 seat)	M _____	W _____	M _____	W _____
Children/dependent (must be 8 years or older)	M _____	W _____	M _____	W _____

Associate Membership, Guest Seating, and Non-Member Seating

___ I am a member-in-good-standing and I/my guests would like seats in the:
 ___ MAIN SANCTUARY ___ BEIT MIDRASH ___ SEPHARDIC MINYAN (in lower level)
 ___ I/My guests will be here for **Rosh Hashanah only**: ___ First day ___ Second day
 ___ I/My guests will be here for **Yom Kippur only**.
 ___ I/My guests **will not** be here for the Holidays.

Please let us know the number and type of seats and on which days of Yom Tov you/your guests will be with you

ASSOCIATES / GUESTS	COST	ROSH HASHANAH		YOM KIPPUR	
Associate Members	\$100/seat	M _____	W _____	M _____	W _____
Family Guests	\$100/seat	M _____	W _____	M _____	W _____
Children	\$100/seat	M _____	W _____	M _____	W _____
Grandchildren	\$100/seat	M _____	W _____	M _____	W _____
Independent Children	\$100/seat	M _____	W _____	M _____	W _____
NON-MEMBERS	\$200/seat	M _____	W _____	M _____	W _____

TOTAL SEATS (Members / Guests / Non-Members)

Please total the number and type (Men or Women) of seats and on which days of Yom Tov you will need them

	ROSH HASHANAH		YOM KIPPUR	
Total Seats Requested	M _____	W _____	M _____	W _____

Payment

*Please return this form at once with the complete payment **no later than September 4, 2009** to:*

LOWER MERION SYNAGOGUE
PO Box 2528 Bala Cynwyd, PA 19004

Dues and Building Fund \$ _____
 Total Associate/Guest Seating \$ _____
 Babysitting Services Requested \$36/family YES _____

Total Payment Enclosed \$ _____

SIGNATURE: _____ DATE: _____

Please return this form regardless of your Holiday plans as it will help facilitate seating arrangements.