

# Young Israel of Hollywood- Fort Lauderdale

## HIGH HOLIDAY SEATING FORM 2009/5770

Written requests received before June 1, 2009 will be assigned prior to Seat Selection Evening. If you choose to attend Seat Selection Evening on June 9<sup>th</sup> 6-8 p.m. your seats from last year **may not** be available.

I \_\_\_\_\_ request that seats for the High Holidays be assigned by the Seat Selection Committee.

\_\_\_\_\_ Young Israel Main building      **OR**      \_\_\_\_\_ Emerald Hills Country Club

I request \_\_\_\_\_ **Mens** seats  
TOTAL NUMBER

I request \_\_\_\_\_ **Womens** seats  
TOTAL NUMBER

Would you like to sit in the same general area as last year? YES \_\_\_ NO \_\_\_

If no, I would like to sit \_\_\_\_\_

**SEAT FEES:**

	Fee per person		Total fee
CHILDREN AT HOME FROM 1 <sup>ST</sup> -12 <sup>TH</sup> GRADE	\$50	# of seats _____	\$ _____
UNMARRIED CHILDREN TO 25 YRS. OR VISITING GRANDCHILDREN	\$75	# of seats _____	\$ _____
UNMARRIED CHILDREN OVER 25 OR VISITING CHILDREN AND THEIR SPOUSES	\$100	# of seats _____	\$ _____
RELATIVES OF MEMBERS	\$150	# of seats _____	\$ _____
NON-MEMBERS	\$175	# of seats _____	\$ _____

Total additional fees \_\_\_\_\_

\_\_\_\_\_ Enclosed is my check for additional seat fees:      \$ \_\_\_\_\_

\_\_\_\_\_ Enclosed is my check for the balance on my account:      \$ \_\_\_\_\_

\_\_\_\_\_ Below is my credit card information. Amount to charge:      \$ \_\_\_\_\_

Card Number \_\_\_\_\_ Exp.Date \_\_\_\_\_

Billing Address \_\_\_\_\_ Phone Number \_\_\_\_\_

**SEAT ASSIGNMENT REQUESTS WILL NOT BE PROCESSED WITHOUT SEAT FEES & ACCOUNT BALANCE PAID IN FULL**

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PRINT NAME \_\_\_\_\_ SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

DATE RECEIVED \_\_\_\_\_