***Bet Aviv***

***2018-5779 High Holy Day Attendance Registration*** ***Form***

Admission to all High Holy Day services for you and your immediate family is included in the payment of your 2018 dues. Immediate family are your children, grandchildren and parents. Spouses and significant partners of single members are welcome to attend with the purchase of a guest ticket. As always, students and members of the armed services are welcome to worship with us as our guests at no charge. Admission for non-family guests (except students and active duty members of the armed services) is available for $225 per person.

All members must indicate the names and relationships of immediate family members and guests on the form below. Your name(s), and those of your family and guest(s), will be included on our attendance list. For security purposes, your name(s) must be on this list to enter the sanctuary.

In addition to babysitting, Kol Nefesh will provide children’s services on the first day of Rosh Hashanah and on Yom Kippur morning. The target group for these services is children between the ages of five and twelve. An adult must accompany all children. Please indicate the name(s) and age(s) of adults and children in your family who plan to attend these services. Please check the boxes that indicate which family services your family members plan to attend. RH = Rosh Hashanah Morning, YK = Yom Kippur Morning. If you’re not sure, check both.

**PLEASE SUBMIT THIS FORM TO BET AVIV   
NO LATER THAN AUGUST 24, 2018.**

**Bet Aviv Member(s) submitting this form \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| **Immediate Family Members’ Name(s):** | **Relationship:** |
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| --- | --- |
| **Guest Name(s):** | **Amount enclosed @ $225 per guest:** |
|  | **$** |
|  | **$** |
|  | **$** |
| **Total amount enclosed** | **$** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **RH** | **YK** | **Kol Nefesh Family Service Name(s):** | **Age** | **Relationship:** |
|  |  | **Adult:** | **------** | **---------** |
|  |  |  |  |  |
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**Please return this form, with check if needed, by Aug. 24** to:

Bet Aviv

5885 Robert Oliver Pl.

Columbia, MD 21045