



Congregation Tifereth Israel

2025/5786 HIGH HOLIDAYS **TICKET REQUEST FORM**

Rosh Hashanah – Sept. 22, 23 & 44 Yom Kippur – Oct. 1 & 2

• **PLEASE COMPLETE THIS FORM AND RETURN IT BY **WED., Sept 10, 2025.****

- Tickets required for seating in sanctuary.
- Tickets not required for Family Service in tent.
- **Guaranteed seat locations *only*** for members with lifetime ownership of seats*

(Even if you own lifetime seats, please complete and submit this form.)

WE MUST KNOW THE TOTAL NUMBER OF SEATS YOU NEED.

DEADLINE FOR ALL TICKET REQUESTS – **September 10, 2025**

Name & Phone # (PLEASE PRINT CLEARLY) _____

Type of Tickets Needed	# of Tickets Needed	\$ Amount
Family Membership (2 FREE tickets)		-0-
Single or Affiliate Member (1 FREE ticket)		-0-
Members' Children under age 26 (FREE)		-0-
2 nd Affiliate Member (\$125)		\$ 0.00
Members' Children age 26 & over (\$100/ticket)		\$ 0.00
Members' Grandchildren age 5-18 (\$36/ticket);		\$ 0.00
Members' Grandchildren age over 18 (\$72/ticket)		\$ 0.00
Non-Members (\$150/ticket) (For children's rates, see above.)		\$ 0.00
	0	\$ 0.00
	TOTAL # OF TICKETS REQUESTED	TOTAL \$ AMOUNT DUE

**For information about ADA compliant seating, or lifetime ownership of seats, call 516-676-5080.*

Payment Information

☐ Check enclosed in the amount of \$ _____

☐ I have set up my e-Check/ACH in ShulCloud, debit my account.

☐ Charge my credit card: ☐ VISA ☐ MasterCard ☐ Discover ☐ AMEX (incurs a 3% surcharge)

Card Number: _____ Exp. Date: ____/____ Security Code: _____

Name on Card (PLEASE PRINT CLEARLY) _____

Please return this form in the envelope provided with your payment. Or to submit digitally, download PDF and send as an attachment to orders@ctionline.org — indicate ACH or credit card payment.

For more information, call 516-676-5080.