Congregation Tifereth Israel

2026/5787 HIGH HOLIDAYS TICKET REQUEST FORM

Rosh Hashanah *– Fri-Sun., Sept. 11-13* ***Yom Kippur*** *– Sun., Mon., Sept. 20 & 21*

- **PLEASE COMPLETE THIS FORM AND RETURN IT BY FRI., Aug. 14, 2026.**
- **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 – Friday, August 14, 2026

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-**
2nd 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.