



# Congregation Yemei Teshuva

High Holy Day Services at Boca West Country Club

## Ticket Order Form

**Please Note: Services at Congregation Yemei Teshuva are exclusively for Boca West members, their families and guests. If you are not a member of Boca West, and have not attended services in the past, you must have a member host you. Please indicate the name of your host in Contact Information below.**

	Amount
<input type="checkbox"/> I am reserving ___ seats for Boca West Members @ \$150 each	_____
<input type="checkbox"/> I am reserving ___ seats for Parents @ \$150 each	_____
<input type="checkbox"/> I am reserving ___ seats for Offspring 13 years of age or older @ \$150 each	_____
<input type="checkbox"/> I am reserving ___ seats for Offspring under the age of 13 @ No Charge	_____
<input type="checkbox"/> I am reserving ___ seats for Guests @ \$150 each	_____
<input type="checkbox"/> I want to memorialize ___ Names in the Yizkor Book @ \$18 each	_____
<b>Total Amount \$</b>	_____

### Contact Information

Name: \_\_\_\_\_ Host: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Tel: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

**Yizkor Memorial Book: Enter Names OR  Same as Last Year**

**NOTE: Please check  if passed away since last year's services. Checked names will be read from the Bima.**

Name: \_\_\_\_\_  Name: \_\_\_\_\_

Name: \_\_\_\_\_  Name: \_\_\_\_\_

Name: \_\_\_\_\_  Name: \_\_\_\_\_

Name: \_\_\_\_\_  Name: \_\_\_\_\_

**I am paying by credit card:**  American Express  Master Card  Visa

Card #: \_\_\_\_\_ Exp Date: \_\_\_\_\_ Code: \_\_\_\_\_

Name on Card: (If different): \_\_\_\_\_

Billing Address: (If different): \_\_\_\_\_

**OR**

**Enclosed is my check in the amount of \$\_\_\_\_\_ made payable to Congregation Yemei Teshuva.**

Please return this form together with your payment to:  
Congregation Yemei Teshuva  
P.O. Box 810339, Boca Raton, FL 33481